Social Isolation and Sexual Risk Behavior among Recently Arrived Male Hispanic Migrants in Durham, North Carolina

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ABSTRACT

LEONARDO URIBE: Social Isolation and Sexual Risk Behavior among Recently Arrived Male Hispanic Migrants in Durham, North Carolina
(Under the direction of Eugenia Eng)

This dissertation explores the role of social isolation and social support in influencing sexual risk behaviors among newly arrived and unaccompanied Hispanic male migrants in Durham, North Carolina. I concentrate on both interpersonal dimensions of social support, including instrumental, informational, emotional, and appraisal support, as well as broader contextual forces, such as social isolation caused by the migration experience and neighborhood characteristics. The study describes the factors that reduce as well as those that heighten migrants' risk taking behaviors. Data comes from 474 surveys of Latino migrants conducted in 13 neighborhoods in Durham during 2000-2005, as well as from in-depth interviews with Latino community members and from field observations of how recently arrived male migrants interact in a neighborhood in Durham.

Results show that the neighborhood context is a central element of HIV risk among migrant Latino men. The clustering of unaccompanied male migrants in gateway neighborhoods contributes to physical and social disorder, and increases migrant's exposure to CSW while reducing informal social control. Still, gateway neighborhoods provide migrants important and immediate access to key elements of social support such as information, instrumental help and, to a certain extent, emotional support. Social support in this context can have a positive, protective effect on sexual risk behaviors when it connects

men to family members, especially elders, and women. However, the fact that most men are connected only to other unaccompanied men also implies that social support can increase migrants' exposure to HIV risk, given that the same networks that connected them to jobs and housing also connected them to alcohol and CSW use.

Implications of study findings for the development of more successful interventions that specifically address the particular characteristics of the Latino migrant population are discussed. In conclusion, social isolation of Latino migrants may be ultimately shaped by immigration policy. A change in immigration policy that reduces the gender imbalance should contribute to decrease sexual risk behaviors among Latino migrants.

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PROBLEM STATEMENT AND RESEARCH PURPOSE

Introduction

According to 2000 US Census data, Hispanics currently are the largest minority group in the United States, making up 13% of the total population in 2003 (Marotta & Garcia, 2003). Hispanic population growth was most rapid in the last decade, with a 67% increase between 1990 and 2002 (Ramirez & de la Cruz, 2002). International migration has been the main contributor to this rapid growth. By 2002, two in five Hispanics were foreign born and over half of them entered the United States after 1990 (Schmidley & Robinson, 2003). This flow of migrants is unlikely to decrease in the near future due to current economic conditions (CONAPO, 2000).

The growth of the Hispanic population in the United States was accompanied by a trend toward increased geographic dispersion in the last decade. Traditionally, Hispanic migrants gravitated towards the Southwestern United States with pockets of settlement in Chicago, New York, and Florida. After 1990, migrants were increasingly drawn to new areas of destination, particularly to rural and urban areas throughout the American Southeast. North Carolina has seen a steep increase in the migrant Hispanic population fueled by traditional agricultural employment and by rapid growth in the construction and meat processing industries (Durand, Massey, & Charvet, 2000; NC-DHHS, 2004; Kandel & Parrado, 2005). According to data from the 2000 Census, the Hispanic population grew

by 442% in North Carolina from 1990 to 2000. For the same period, the Hispanic population in Durham County grew by 829% with a sex ratio with 2.3 Hispanic men for every Hispanic woman (Suro & Singer, 2002).

This rapid growth and dispersion of the Hispanic population has numerous implications for public health, including HIV/AIDS. Despite advances in controlling the diffusion of HIV among the general population of the United States, the epidemic remains a serious threat to the Hispanic population. In 2003, Hispanics in the United States accounted for 19% of the AIDS cases diagnosed since the beginning of the epidemic and 20% of the more than 43,000 new AIDS diagnoses in 2003, an incidence rate nearly four times that of non-Hispanic whites (CDC, 2004). In North Carolina, the rate of HIV disease for Hispanics in 2004 (20.6 per 100,000) was over three times that for whites, second to the rate of HIV disease among African Americans (58.9 per 100,000), and slightly higher than that for American Indians (17.4 per 100.000) Also, much of the increase of the disease in the last few years is attributed to HIV cases reported in males, and given that the risk of HIV transmission is different for males and females makes it important to discuss risk separately for each. (N.C. Department of Health and Human Services, 2004). In Durham County, North Carolina, this increased AIDS rate among Hispanics is a major concern given that, between 1990 and 2000, the Hispanic population grew 829% from 2,054 to 17,039 and became 8% of the county's population (N.C. Department of Health and Human Services, 2002).

As a result of the rapid growth in the Hispanic immigrant population in the United States and their increased rates of HIV/AIDS, understanding the social factors affecting HIV risk behaviors among this population has become a major health concern, with

important implications for containing the spread of AIDS among Hispanic men in both the United States and Mexico (Decosas & Kane, 1995; Organista, Carrillo & Ayala, 2004). Previous research has also suggested that prevention interventions with Hispanics are unlikely to be successful without addressing social and migration issues (Marin, 1990). The highly uneven sex ratio among Hispanic migrants is one of the migration issues that represent a big challenge for HIV prevention. The high representation of young single men and unaccompanied married men increases social isolation among Hispanic migrants and may lead to risky sexual behaviors and an increased risk of HIV transmission among Hispanic males (Parrado, Flippen & McQuiston, 2004). Clarifying the role that social isolation and social support play in the sexual risk behaviors of Hispanic men in Durham has the potential to help health service agencies inform future HIV prevention and control interventions with this population.

The overall purpose of this dissertation is to explore the role of social isolation and social support in influencing sexual risk behaviors among newly arrived and unaccompanied Hispanic male migrants in Durham, North Carolina. Social isolation is defined as the absence of contact with other people and lack of integration to society and includes the perceived feeling of being isolated from others (House, 2001; Cacioppo & Hawkley 2003). I will concentrate on both interpersonal dimensions of social support, including networks of friends and idle time, as well as broader contextual forces, such as neighborhood characteristics, that might affect migrants' vulnerability to HIV transmission. Rather than focusing exclusively on the negative, disruptive aspects of the migration experience, I will examine the factors that reduce as well as those that heighten migrants' risk taking behaviors. In addition, the study will explore the co-occurrence of

health risks by connecting sexual behaviors to other dimensions of the migration experience such as depression and alcohol consumption. A better understanding of the relationship between social isolation, social support and male migrants' sexual risk behaviors will be useful for informing the development of more successful interventions by specifically addressing the particular characteristics of this population.

Background and Significance

The rapid growth of the Hispanic population has great relevance for public health given the change in the demographic characteristics of the HIV/AIDS epidemic over time. HIV/AIDS in the United States is now increasingly affecting non-white populations, women, heterosexuals, and injecting drug users (Karon et al., 2001; Osmond, 2003). Researchers have also found that heterosexual transmission of HIV/AIDS is more prevalent among Hispanics than non Hispanic whites. At the end of 2003, 12% of Hispanic men and 65% of Hispanic women living with AIDS had contracted the disease through heterosexual transmission at the end of 2003, compared to 4% and 57% among non Hispanic whites (CDC, 2003; 2004). Migration is one potential factor contributing to these trends because it is a highly disruptive process for men, women and families. The experience of migration and adapting to a new cultural reality has been associated with dramatic changes in family structure and relationships, forcing long-term family separation, social isolation and an increased sense of anonymity that may trigger the adoption of high-risk sexual practices among migrants. (Mishra, S. et al., 1996). In the case of Hispanic migrants in the U. S., fairly high rates of commercial sex worker (CSW) use has been documented. In 1997, a study found that 44% of return male

migrants in Mexico reported having sex with CSW during their time in the United States (Organista & Organista, 1997). In Durham, North Carolina, a study conducted with 43 married Mexican men found that 23% of the respondents reported a CSW among their most recent partners (Viadro & Earp, 2000), and a study among a randomly selected sample of 442 male foreign born Hispanics found that CSW use is common with over 28% of respondents using the services of a CSW in the previous year (Parrado, Flippen & McQuiston, 2004). It is evident that these high rates of CSW use pose a threat to Hispanic male migrants' health, as well as to the health of their non-commercial partners in the United States or their partners in Mexico.

There is, however, little systematic information available on how migration affects the sexual practices of male migrants (Organista, Carrillo & Ayala, 2004; Parrado, Flippen & McQuiston, 2004; Viadro & Earp, 2000). In their study of Hispanic men's use of CSWs, researchers found that the only socioeconomic characteristic reducing the likelihood of CSW use was the time men had been living in Durham (Parrado, Flippen & McQuiston, 2004). This suggests that CSW use is influenced by the imbalanced gender composition of the migrant population, since it makes it difficult for recently arrived migrants to find noncommercial partners. This finding highlights the importance of broad HIV prevention efforts that take into account the social context affecting immigrant populations.

Particularly lacking is information on the mechanisms underlying migrant's increased risk for HIV/AIDS. Migration is a lonely and marginalizing experience that disrupts social bonds and is often associated with family separation, social isolation, loneliness, depression, lack of information, and limited recreational opportunities

(Organista & Organista, 1997; Organista et al, 2004). While it is widely accepted that social isolation has a negative impact on health, and social support has been shown to improve health outcomes, there is no clear understanding of how these effects operate (House, 2001).

Study Aims

Accordingly, the specific aims of this study are to:

1. Formulate a profile of the Durham Hispanic community to contextualize the migration experience of recently arrived male Hispanic immigrants. Specifically, I will integrate alternative data sources, such as Census information, an original survey collected in Durham, and ethnographic field notes, to describe the context of reception affecting male migrants' experiences with alcohol use and use of CSW. I will concentrate on issues of gender composition of the migration flow, occupational distribution, time of arrival, and prevalence of family separation that are relevant for understanding the forces putting immigrants at risk of HIV.

   The main questions guiding the analysis are:

   RQ1: What are the demographics of recently arrived male Hispanic migrants in Durham?

   RQ2: What are the structures of social support available for male Hispanic migrants in Durham?

2. Describe the particular spatial dimensions of Hispanic immigration to Durham, and using one specific neighborhood as an example, elaborate on the implications for health risks. More specifically, I will elaborate on the pattern of Hispanic

concentration in specific apartment complexes in Durham, the racial/ethnic composition of the neighborhoods, the sex ratio, family composition, crowding conditions, and availability of CSW. I will use an exemplar neighborhood to provide an in-depth account of how these contextual characteristics affect HIV risks.

The main questions guiding the analysis are:

RQ3: How do the characteristics of Hispanic neighborhoods vary across Durham?

RQ4: What are the characteristics of '*La Maldita Vecindad*' in Durham and how do recently arrived male Hispanic migrants interact in this neighborhood, specifically with regard to spending idle time, alcohol consumption, use of CSW and provision of social support?

RQ5: What are the implications of the neighborhoods characteristics for the spatial concentration of HIV risks, including factors that increase and protect migrants from HIV risk?

3. Identify and understand the relationships between social support, social isolation, and alcohol consumption in affecting use of commercial sex workers. Following the model 'Circle of Migration and AIDS Risk' I will describe how social isolation and social support impact the likelihood and frequency of visits to commercial sex workers among unaccompanied Hispanic men. The data for this section combines using in-depth interviews, participant observation, CBPR meeting transcripts, and survey data. The analysis will consider the factors that either protect or heighten migrants' vulnerability to HIV transmission, particularly

through use of commercial sex workers. In addition, I will elaborate on the subjective motivations that distinguish between men who use and those who do not use commercial sex workers and how they relate to the migration experience.

The main questions guiding the analysis are:

RQ6. How do social support, social isolation, and alcohol consumption impact the sexual risk behavior of newly arrived male Hispanic immigrants in Durham?

RQ7: How do these health risks overlap and reinforce each other?

RQ8: How do the data from the surveys and in depth interviews support the relationships between social isolation, idle time, alcohol use and use of CSW proposed in the model 'Circle of Migration and AIDS Risk', and what factors are related to men finding alternative activities such as playing soccer or going to church?

Structure of the Dissertation

To address these aims, I will combine several data sources. I will rely on results from an original survey collected in Durham to describe the community. I will also analyze secondary data already collected from meetings with community members, in depth interviews, and field notes. Together, these different data sources will result in a focused ethnographic study of social isolation and HIV risk in Durham, North Carolina.

Chapter 2 of the dissertation presents the model 'Circle of Migration and AIDS Risk' developed through Community-Based Participatory Research that will guide the empirical analysis. The presentation of the model integrates findings from the academic

literature with CBPR conceptualizations of the forces affecting heath risks among Hispanics in Durham. Together the model and interpretation serve to generate culturally and locally grounded expectations about the role of social support and context in affecting HIV risks among Hispanic migrants.

Chapter 3 presents the data and methods to be used throughout the dissertation. I combine several data sources. I rely on results from an original survey collected in Durham to describe the community. I also analyze secondary data already collected from meetings with community members, in depth interviews, and field notes. The methods range from simple descriptive statistics obtained from quantitative data to qualitative analyses of the processes under girding risks. Together, these different data sources and methodologies result in a focused ethnographic study of social isolation and HIV risk in Durham, North Carolina.

Chapter 4 addresses Aims 1 and 2 and concentrates on the spatial distribution of the Latino population in Durham and investigates implications for HIV risks. The chapter is divided into three parts. The first part presents an overview of Latino migration to Durham, including size, gender composition, and spatial concentration. The second part uses data from the quantitative survey to describe the particular characteristics of the apartment complexes housing Latinos in Durham and how they correlate with HIV risks. The final part provides an in-depth analysis of the role of the apartments as macro level dimensions affecting risks by analyzing participant observation data from one of such apartment to disentangle the specific dimensions and the subjective meanings of the role of context in affecting risks.

Chapter 5 addresses Aim 3 and elaborates on the individual experiences of social support and HIV risks. The chapter is divided in two parts. The first part provides a quantitative description of the connection between social support and risks. The second part relies on in-depth interviews to elaborate on the subjective meanings and cultural reconstructions of the mechanisms putting migrants at risk. Together the analysis reconstructs the social support factors that expose and protect migrants against HIV risks.

The concluding chapter revisits the 'Circle of Migration and AIDS Risk' model, discusses its usefulness for understanding HIV risks among Latinos, and suggests areas for future research.

CHAPTER 2

THE "CIRCLE OF MIGRATION AND AIDS RISK" MODEL: THEORETICAL AND COMMUNITY FOUNDATIONS

The relationship between migration and health risks is complex and researchers have used different theories to account for it. Classical studies frame migrant heath as negatively affected by social disorganization, observing that migrants suffer losses, changes and demands that produce great psychological distress (Portes & Rumbaut, 1996). In social disorganization studies, migration can have both negative and positive impacts on the health of individuals depending on their responses and emotional resilience to the experience of alienation and loneliness.

Later studies held a negative view of the relationship between migration and health, framing poor migrant health as a problem of marginalization. The immigrant is thought of as a hybrid personality type on the margin of two worlds (Portes & Rumbaut 1996). The immigrant does not belong to either society and there is a collision and fusion of cultures in his mind. This marginal situation of the immigrant has a positive aspect, in that it liberates the individual from old traditions and makes him more cosmopolitan. But this conflict of new vs. tradition also produces inner turmoil and instability. Although most immigrants eventually cope, some are not able to make it and this explains higher mental health disorder rates among them.

With the advent of large scale community surveys and random sampling, immigrant health studies moved away from the notion of innate psychological shortcomings of a group of individuals to consider contextual and objective factors such as the role of socioeconomic differences in mental health. Since immigrants are in a position of powerlessness and alienation, they are expected to exhibit poorer indicators of mental health like other subordinate groups of society. This prediction was tested in The Midtown Manhattan Project in the late 1950's, which found that the difference in mental health outcomes of migrants disappeared when controlling for age and social class. It is now accepted that it is this difference in social position the place of origin and place of destination that accounts for the poorer mental health of immigrants (Portes & Rumbaut 1996).

In fact, several studies find the opposite pattern than was previously expected – that on a number of dimensions, immigrants fare favorably with respect to health, particularly when compared to native born members of their ethnic group (Landale & Oropesa, 2001; Turner et al, 2006), but also in some instances when compared to the majority group (McGlade et al, 2004). Part of this pattern is due to selection in the migration and return migration processes. Healthy people are more likely to migrate than those in poor health, and migrants that experience health problems may be more likely to return to their home communities, leaving a highly selective migrant population. Overall, it is increasingly clear that migration is not necessarily universally bad for health. More research is needed to explore which aspects of the migration experience undermine and which may bolster health outcomes, and why.

Migration and HIV

The connection between migration and health acquires particular characteristics in the context of HIV. When people migrate to a new country, they are faced with a different set of rules for sexual behavior. These new social-cultural factors may impact on the sexual behavior of new migrants as sexual behavior relies not only on individual behavior but also on broader societal factors. Hence, researchers are now including social and cultural context such as economic needs, relationship context, social and legal statuses, discrimination, chronic underemployment and substandard housing when evaluating the link between migration and HIV risk (Organista et al., 2004, Bajos & Marquet, 2000). In the case of male migrants, researchers have found that migration related factors such as separation from family, loneliness, depression, increased alcohol use, increased numbers of sexual partners, sex with commercial sex workers (CSWs) and lower condom use play a role in increasing HIV risk (Bronfman, 1996; Organista & Organista, 1997). Both individual-level characteristics of migrants and societal-level characteristics play a role in increasing newly arrived migrants' vulnerability to HIV. Individual characteristics include young age, low educational level and lack of knowledge of English (Magis-Rodriguez, 2004; Sanchez et al., 2004). Societal characteristics include more permissive societal norms regarding sexuality, a sense of anonymity and fewer social controls on behavior as well as a higher HIV/AIDS rates in the United States than in sending communities.

In general, migration can affect the risks of HIV transmission at the cultural, personal, and structural level. Migration often entails a "culture clash" where the norms and traditions from place of origin are confronted by new patterns of expectations and

behaviors. The net effect of change in cultural environment remains unclear, however. On the one hand, the clash between the more "traditional" cultures and the more "liberal" sexual ethos in the U.S. could result in more liberal notions about sexual behaviors. On the other hand, other byproducts of migration may operate in favor of traditionality. The marginal position occupied by many migrants can be an alienating experience, encouraging migrants to turn inward and reinforce some aspects of their home cultures in an effort to maintain stability and protect their identity from negative perceptions in the host society (Espin, 1999; Parrado & Flippen, 2005; Parrado, Flippen & McQuiston, 2005). In this environment, cultural traits such as traditional gender roles, particularly those pertaining to sexuality, could be reinforced (Espin, 1999).

At the personal level, migration is a significantly disruptive event that relocates individuals across borders in an unfamiliar environment, dislocating social networks and structures of support (Mishra et al, 1996). Migration removes individuals from the watchful eye of extended family and community members and weakens social control accordingly. The accompanying sense of anonymity together with the perceived temporary nature of the migration status may encourage migrants to engage in activity they might otherwise avoid (Organista et al, 2004).

Finally, migration can also affect sexuality via aggregate level structural factors, particularly with respect to the sex ratio. Temporary labor migration from Mexico to the United States has been historically male-centered. While the development of transnational communities and fortification of migrant networks encourages the migration of women, both married and unmarried, the dangers and expense associated with border crossing often perpetuates an uneven gender composition. In new areas of

destination such as Durham, the sex ratio is often highly uneven (Suro and Singer, 2002). The implications for HIV risks are obvious and multi-faceted, as finding opposite sex partners becomes very difficult for men but relatively easy for women.

Mechanisms Connecting Migration and HIV

Especially at the personal and inter-personal level the connection between migration and HIV risks is likely to be mediated by other behaviors that are directly affected by migration, such as alcohol consumption and social support. These two mechanisms have also been highlighted in the conceptual framework "Circle of Migration and AIDS Risk" developed in collaboration with community members (Figure **1**). It is important to note, though, that rather than separate these mechanisms in many cases coexist, that is lack of social support can be a factor affecting alcohol consumption and vice versa. This mutual relation will also be discussed in my analysis. Again, since not all aspects of migration have a negative impact on HIV risk, we expect these two mechanisms and their connection to be central factors accounting for the positive and negative outcomes resulting from the migration experience.

Alcohol Consumption

Alcohol use by migrants can be an important mediator in the connection between migration and HIV mainly because of its alleged effect on sexual risk-taking behavior. Extensive research has been conducted on the effects of alcohol on sexual behavior where alcohol is widely regarded as a way to loosen sexual inhibitions. In studies of alcohol and self reported sexual behavior, alcohol is associated with lowered sexual

inhibitions, heightened sexual activity and enhanced sexual enjoyment (George & Stoner, 2000). Researchers have identified alcohol as a determinant of sexual risk behavior and prevention messages have been aimed at alcohol avoidance with sex. However, event level studies have not proved an association between alcohol consumption and higher sexual risk behavior. In fact, these studies have found that people who tend to use condoms with a causal partner when they are sober also tend to use them when they are drinking. Also, people who fail to use condoms when they are drinking also often fail to use them when sober (Weinhart & Carey, 2000).

Studies of alcohol and HIV risk behavior among Hispanics have found interesting differences regarding acculturation levels and alcohol consumption between men and women. Hispanic men are heavier drinkers when they are in less acculturated groups while women drink more when they are more highly acculturated. Less acculturated Hispanic men who drank more heavily were more likely to engage in risky sexual behavior (Hines & Caetano, 1998). The link between low acculturation and risky sexual behavior is believed to be related to a culture of machismo, which encourages men to have more sexual partners and to use condoms less. An event based study comparing the association between risky sexual behavior and alcohol consumption for three ethnic groups found that Hispanics showed the strongest association between drinking and having more casual partners when compared to African American and non-Hispanic Whites (Graves & Hines, 1997).

Social Isolation and Social Support

A central theme in the literature on migration and health is social isolation and social support. Social isolation is usually defined –whether implicitly or explicitly, as the interpersonal isolation from others and the resulting lack of social support (House, 2001). This definition is problematic, however, because it is possible that people do not have social support even when they are not isolated from others, and conversely, people may choose to live isolated from others and still have good social support. That is why studies on mental health of immigrants look at social isolation not just as the condition of lacking social support, but also as having a perceived feeling of cultural isolation, loneliness, and depression as a result of stressors related to migration. They also look at resilience and coping mechanisms such as cultural identity, religion and social support (Bhugra, 2004). These issues are likely to be relevant to for understanding migrants' propensity towards HIV risks.

Social support has been defined as "an advocative interpersonal process that is centered on the reciprocal exchange of information and is context specific" (Finfgeld-Connett, 2005, p. 5). Social support can be instrumental or emotional. Instrumental support involves providing tangible aid, services or money and is usually easy to measure. Emotional support has been more difficult to measure because it consists of non-tangible actions such as words or gestures intended to alleviate anxiety. It does not depend on personal presence and often times just knowing that there is someone available (perceived emotional support) is as important as the actual support received (Finfgeld-Connett, 2005). Social support is believed to have protective effects because it buffers the person from the effects of psychosocial stress (Cohen & McKay, 1984). The

execution of social support requires the existence of a social network. The attributes of the people in the support system seem to have more relevance than the actual relationship to the individual (Finfgeld-Connett, 2005). The effect of social support and well being is context specific depending on individual differences such as the need or desire for such support and the differences in the environment in which the support is given or taken (Cohen & Syme, 1985).

Researchers have shown that social isolation has a negative effect on health and is associated with higher mortality and morbidity (House, 2001; Berkman, 1995). Conversely, studies show a protective effect of social support. Yet there is little understanding of how and why social isolation is risky for health as well as how and why social ties and relationships have a beneficial effect on health. Researchers thus have called for more research on how social isolation and social relationships affect health and disease risk (House, 2001). In migrants, two mechanisms have been discussed as to how social isolation may impact mental health: (1) Temporal reintegration: initially migrants repress past negative events and this may be a successful coping strategy but, as time passes, they allow temporal reintegration, allowing thoughts about their past to enter into their consciousness and there is a possibility of depression. Meaningful employment and having stable relationships help buffer the side effects of temporal reintegration. (2) Post-migration stress: it refers to everyday life stressors such as unemployment and underemployment. Research has found that it often takes as long as 10 years before immigrants are able to realize their economic potential. Joshua and Fogel (2004) reported that the unemployed were at higher risk for depression and the depressed were more likely to lose their jobs.

Loneliness research with immigrants has also found that migrants average a higher level of experienced loneliness and depression than the general population, and that there are two differential patterns: one is associated with distress and another one with dissatisfaction with social support from friends (Ponizovsky and Ritsner, 2004). Mental distress has also been linked to changes in cultural identity caused by migration and has found that social support can provide a buffer. Some migrants can be more vulnerable than others depending on the interplay of their individual psychological characteristics and those of the society they migrate to. Thus, individuals who are highly social will have a harder time adapting into a new social environment where ties between individuals are looser. Also, all social support cohesion is not always protective, such as in the case of family conflict between elders from socio-centric societies and younger members acculturated into an individualistic society (Bughra, 2004).

In summary, social isolation has been shown to have a negative impact on health while, conversely, social support has a protective effect. Yet, we have a limited understanding of how these effects happen (House, 2001). This is particularly so for the connection between migration and HIV and it gets compounded with the fact that both social isolation and social support are not static and constant but result from the interaction between people. As such, they vary over time and are subject to continuous renegotiation as people circumstances change.

Neighborhood Context

There is increasing interest among researchers in conceptualizing the relationship between neighborhood contexts and population health. Neighborhoods have been shown

to have a positive effect on the quality of life and a protective effect on morbidity and mortality. These effects have been explained, at an individual level, by considering neighbors as resources and thus the neighborhood as the context in which social supportive relationships take place. At the community level, research studies explain the effect of neighborhoods in population health using the concept of social capital. Social capital consists of features of social organization which act as resources for individuals and facilitate collective action (Young, Anne et al. 2004; Parker, Edith et al. 2001).

On the other hand, neighborhood environment has also been shown to have negative effects on population health. Aspects of neighborhood environment, such as poverty and neglect, have been associated with drug use and crime and explained by 'exposure opportunity' of the individuals especially in disadvantaged neighborhoods (Crum, Rosa et al 1996). Findings that health-related problems and crime in the population vary systematically across communities in conjunction with neighborhoods characteristics such as poverty, residential instability and dilapidated housing, have compelled researchers to treat neighborhood contexts as unit of analysis. By doing so, researches have found spatial clustering of unhealthy outcomes in 'hot spots' which can be linked to factors in environmental context, and they have begun to explore whether there is any causal relationship or just a correlation due to selective migration of people with unhealthy outcomes to disadvantaged neighborhoods (Sampson. R. J., 2003). The recognition of the salience of contextual forces for understanding health outcomes, includes characteristics of the neighborhoods in which people live such as perceptions about safety and sense of disorder.

These issues can be particularly relevant for understanding HIV risks. Factors such as the proportion of single men in the neighborhood, availability of sex workers, and physical appearance can foster sex risk practices. At the same time, residents' perceptions of control and capacity to affect their everyday life can be strong protective mechanisms against risky behaviors. In the case of immigrants in new areas of destination these issues describe the particular context receiving migrant population, which are likely to translate into different prevalence of sexual risk practices.

A Locally and Culturally Grounded Model of Migration and HIV Risks

While the academic literature identifies general processes connecting migration and sexual risks, they vary considerably depending on the local context and particular characteristics of the Latino migrant community. There is increasing recognition in the health literature that familiarity with the community as well as community involvement and participation is a central pre-requisite to guarantee research that is culturally sensitivity and locally grounded. Arguably, knowledge and collaboration with the community is even more significant in studies connecting migration and HIV. The complexities of the migration process, the potential marginalization of the migrant community, issues of documentation, and the confidential and personal nature of topics such as sexuality require research strategies that guarantee that the local context is taken into consideration. These issues are particularly important in the case of Durham, NC since the relatively recent flow of migrants coming to the area implies that there is little preliminary information from which to draw for understanding the role of social support in affecting health risks.

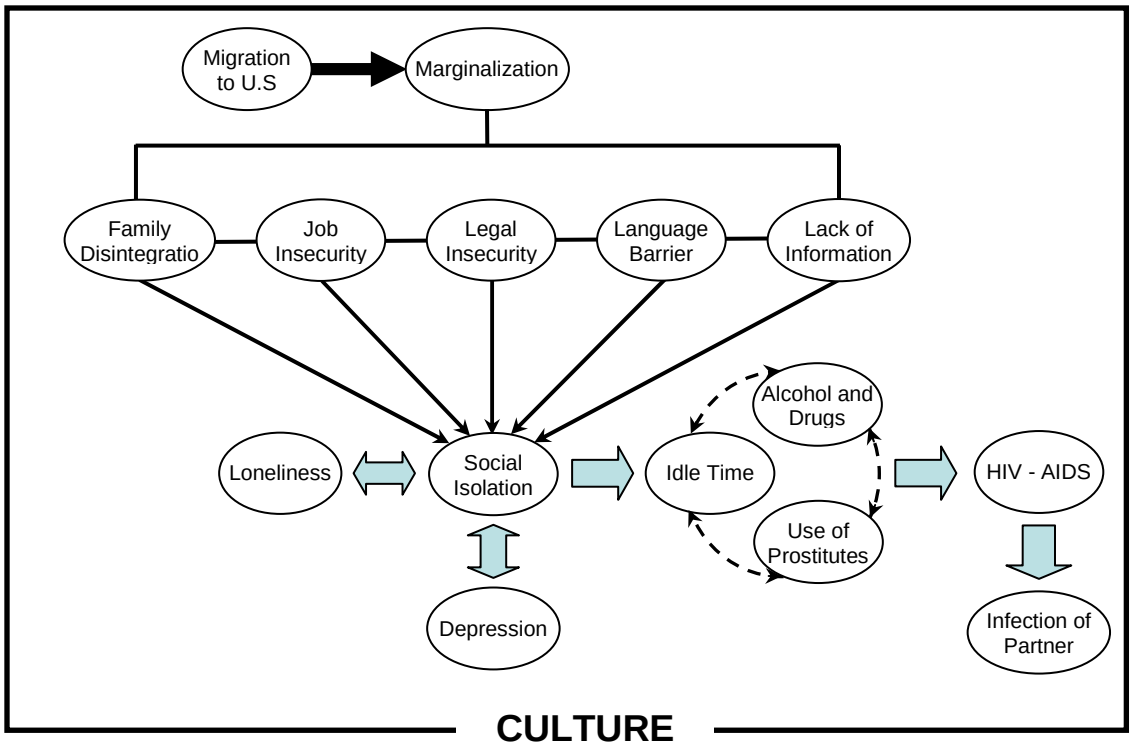
Accordingly my study builds on a conceptual framework developed through Community Based Participatory Research with the Durham Latino community. The framework developed in collaboration between scholars and community members reflects much of the migration factors influencing risky sexual behavior described in the academic literature, but places greater emphasis on the particular conditions affecting Hispanics in the local area.

This CBPR process was conducted as part of the project "Gender, Migration, and HIV Risk among Mexicans," conducted between 2001 and 2005 in Durham, North Carolina. A CBPR group of 14 community members was brought together and they named themselves Horizonte Latino which means 'Latinos Moving Forward.' The process included structured dialogue which focused on listening, dialogue, and action phases (McQuiston, Parrado, Martinez & Uribe, 2005). The action phase of the discussions included the group collecting and discussing the meaning of research findings, including their possible application to inform interventions to prevent HIV among the Hispanics in Durham (McQuiston, Parrado, Olmos, & Bustillo, 2005). One ongoing discussion exercise involved individual group members diagramming what they thought a conceptual model for an HIV prevention program with Latinos would look like. The individual diagrams were presented and discussed with the group. During this process of group discussion, concepts were defined, refined and either kept or discarded. The end result was a community-derived model of HIV risk for the Durham Latino community.

The CBPR group conceptualized the connection between migration and HIV risks as a "circle." The underlying idea is that migration motivates changes in behaviors that

enhance individuals' exposures to risk that over time reinforce each other. The feedback, hence the circular metaphor, between health risks highlights the co-occurrence and co-determination of many of these behaviors. The group named the framework 'Migration Circle and Risks of AIDS' (Figure 1).

Figure 1. 'Circle of Migration and AIDS Risk'



The first concept in the model is "marginalization." The group viewed marginalization as an overarching outcome of the migration experience. They felt that migrants do not easily incorporate into the US; instead they remain at the margins, where their situation is different from people in their countries of origin but is also different from the situation of U.S. natives. Marginalization expresses itself in multifaceted ways, including family disintegration, job insecurity, legal insecurity, language barriers, and

lack of information. The second concept is “social isolation”. The group viewed social isolation as the added up effect that all the factors of marginalization have on an individual. According to the group discussion, social isolation usually leads Hispanic men to feel lonely and depressed and leaves them with very few alternatives of what to do in their idle time. Idle time was identified by the group as a key component of social isolation because it may lead Hispanic men to drinking beer as a way to entertain themselves. Once they are drinking, they are more likely to have sex with the CSW who solicit door to door in the neighborhood. The use of CSW, in turn, puts men at risk of acquiring HIV and eventually, passing it on to their stable partners. Finally, the group put all the components of the model within a wider frame they called ‘culture’ and which includes country of origin of migrants, whether they come from rural or urban areas, and the religion they practice.

Together these forces connect in terms of what the group perceived as “social isolation” a concept that was implicitly connected to lack of social support. The group viewed social isolation as leading to feelings of loneliness, depression, and idle time. The group defined ‘idle time’ as ‘having too much free time with nothing to do’ after work and during the weekends, and they believed that this may lead to alcohol consumption and use of CSW. In turn, the feelings of loneliness, depression and idle time, once experienced, would reinforce the lack of social support, and over time migrants become increasingly isolated. The group viewed the management of idle time as a way to break this circle. They brought up experiences and stories of Latinos who have been able to make a positive use of their ‘idle time’ by participating in sports and group activities. Playing soccer seems to be the favorite one and Latinos in the neighborhoods frequently

organize soccer matches and tournaments. Active participation in church groups was also mentioned as an example of a way some Latinos positively use their 'idle time'. During their discussion of the model, the group referred to factors affecting HIV risk in both a negative and a positive way and proposed the management of 'idle time' with alternative activities, such as soccer or other types of social gatherings, as a way to reduce exposure to alcohol consumption and use of CSW. Although the group did not explicitly mentioned social support as a concept in the model, the combined meanings they gave to social isolation and idle time highlights the central perception that social support is a main dimension affecting migrants' exposure to alcohol consumption and use of CSW.

Conclusion

Together academic and community-based research highlights the importance of social support for understanding HIV risks among Hispanic migrants. At the individual level, personal connections, family contacts, and recreational activities mediate the connection between migration and HIV risks. At the aggregate level, the conglomeration of social support resources coalesces to provide an environment more or less conducive to health risks. The challenge is to disentangle those factors that protect from those that enhance migrant's exposure to HIV risks. Both at the individual and aggregate level social support resources might operate in both directions in some cases enhancing migrants' connections with the local community and reducing isolation but at the same time exposing individuals to risks.

The "Circle of Migration and HIV Risk" model has identify one mechanism certain to play a role in affecting the direction of the effect of social support, the

management of idle time. I expect that how, with whom, and in what context individuals manage idle time to be a central mechanism explaining the direction of social support resources on risk exposure. The management of idle time is likely to be affected by both aggregate and individual level characteristics. The next set of analyses distinguish between these two levels, concentrating both on the apartment complexes and then on the individual mechanisms.

CHAPTER 3

DATA AND METHODS: A FOCUSED ETHNOGRAPHIC APPROACH

The overarching approach guiding my dissertation was a focused ethnography of the effect of social isolation and social support on the sexual behavior of male Hispanics migrants. The ethnographic study was situated within the broader project entitled "Migration, Gender and HIV risk among Mexicans," which focused on Hispanic migrants to Durham, NC (Grant NR 08052-03 from the National Institute of Nursing Research, National Institutes of Health. Principal Investigators: McQuiston, C. & Parrado, E.). The empirical analysis combined several qualitative and quantitative data sources. The qualitative analysis builds on over five years of involvement with the Durham Latino community, including participant observations, in-depth interviews, and participation in CBPR meetings and notes. The quantitative data came from an original survey of randomly selected Hispanic immigrants living in areas of high Latino concentration.

Focused Ethnography

Ethnography refers both to the process and the product of qualitative inquiry which involve cultural interpretation of human social behavior, that is, addressing the sense and meaning of those behaviors (Wolcott, 1990). It usually involves spending time doing fieldwork and the use of thick description, which includes a detailed description of

the object of research and its relationships with historical and spatial context. Somewhat different from the broad and general coverage found in conventional ethnographies, focused ethnography zeroes in on a particular setting or event, analyzing the way in which cultural norms are expressed in that particular aspect of life (Prasad, 1997; Wolcott, 1990), in our case migration and HIV risks. Given that ethnographic methods are used to gain an understanding of the socio-cultural values, beliefs and practices of a population they are well suited to the study of the of the social support strategies used by Hispanic migrants. The sexual behavior of migrants is affected by a myriad of cultural factors, among them social isolation and social support processes which makes the topic of this study amenable to focused ethnography.

The main task of a focused ethnography is to provide a thick description of the processes of interest. Rather than concentrating on the unusual or rare, the ethnographer searches for predictable patterns and behaviors that can reconstruct and understand a group's culture from an emic perspective or an insider's point of view with particular reference to one specific phenomenon. In this process the ethnographer must keep an open mind and in many cases combine different data sources. This does not mean that the ethnographer has no biases or preconceived notions about how people behave and think. In fact, these biases and preconceptions can alter the interpretation and understanding of observed behaviors. The challenge is to get as close as possible to capturing the insider's point of view, to behave both as a scientist and story teller, to understand people's reconstruction of their own world.

Researcher Background

I approached this ethnographic study from a sympathetic perspective of immigrants. Being an immigrant myself helped me connect with immigrants on a personal level since I found some of my own experiences reflected in their stories. Also, being a Colombian gave me a degree of cultural sensitivity to their Latino culture, which made it easier for me to blend in and learn from them. This is not to say that there was not some cultural distance given that most Latino immigrants in the Durham area were from Mexico and Central America. Although I am a Spanish speaker, there were different language usages and customs in Mexico and Central America which took some time to learn. There was also social distance arising from the fact that my educational level was higher than that of the average Latino immigrant in Durham and also because I came to the United States as a graduate student. I made an effort to minimize this social distance during my field work by showing a genuine interest in people's lives and activities and, at the same time being open to share my experiences with them. While being Colombian allowed me to initially approach Latinos in the neighborhood with a sense of familiarity, I always made them aware of my interest in learning about them and the differences in our cultures.

My interest in exploring and understanding the culture of diverse populations came from my work with indigenous populations in Colombia. In 1987, a year after getting my medical degree, I was appointed as a doctor in a multidisciplinary team - including a nutritionist, a nurse and anthropologist- in charge of providing health care services to the Embera Indians in the forests of Northwestern Colombia. We initially set

out to provide preventive health services such as immunizations, prenatal care and well child visits, but it soon became clear that our approach was not working due to the huge cultural gap. During the next six years, my work became a learning experience about the world view of the Embera Indians and the methods that anthropology uses to explore and document their world view. I also had the opportunity to work with the indigenous people's organization and learn about their aspirations for self-determination and the strategies to conduct community work. In 1994, I received a Masters of Public Health from the University of Antioquia in Colombia. In my master's theses, I explored the view of the Embera Indians on intestinal parasites and propose the construction of 'common grounds' between the indigenous and the medical views. These experiences gave me the tools and the background to approach the Latino people in Durham and understand the context of their daily lives in the neighborhood.

Combination of Qualitative and Quantitative Data Sources

My focused ethnography relied on several qualitative and quantitative data sources. My qualitative data came from three sources: Field notes from five years of participant observation in the Hispanic Durham community, in-depth interviews with key informants and community members, and discussions with the Community-Based Participatory Research group at El Centro Hispano. The first two data sources were directly collected by me, while the last source was obtained as part of the broader project on Migration and HIV risks among Hispanics in Durham. In addition, the quantitative data came from a random survey of Hispanics in Durham as well as from Census information.

Given the focus of this proposed study on the effects of social isolation and social support on Hispanic men's sexual behaviors, the secondary data sources were collected from foreign-born Hispanic men, aged 18-49 years. This age group is most at risk for HIV, excluding adolescents for whom the process of risk is likely to differ from adults. My focus on male migrants is in no way intended to imply that social isolation and support do not influence the HIV risk behaviors of women migrants. On the contrary, gender is a central mediating factor linking migration with HIV risk. But the process of reconstituting social bonds after migration, and experience with social isolation are inherently different for male and female migrants (Hagan, 1998; Hondagnau-Sotelo, 1994), warranting separate analysis. The specific sampling procedures varied across my four sources of data.

Qualitative Sources

Setting and Participant Observation

My dissertation took advantage of the rapidly changing population composition of Durham (see Chapter 4). Since 1990, the Hispanic population in the area has been growing very rapidly from almost non-existent to representing close to 10 percent of the total population. An area not accustomed to immigration, the phenomenon has created a strain on public services, particularly in public education and health care. And third, because it was a relatively new area of Hispanic destination, the migrant stream was still predominantly male. In fact, the Raleigh-Durham Hispanic population had the most highly uneven sex ratio of any Hispanic population in the country in 2000 (Suro & Singer, 2002). The recent growth, unbalanced gender composition, absence of established

channels of social support, and spatial distribution of the Hispanic population made Durham a particularly interesting place to study issues of migration and HIV risks.

Particularly interesting was the pattern of Hispanic concentration in apartment complexes scattered throughout the city (see Chapter 4 for a more detailed description). One such apartment popularly known within the Latino community as '*La Maldita Vecindad*' ('The Cursed Neighborhood'), was the focus of my dissertation. Hispanics called it by this name because they regarded it as being unsafe, marred by frequent robberies, drugs, public alcohol consumption and visits by CSWs. Recent migrants would come to live in this neighborhood before they moved to other places in the city. The apartment complex captured the macro level context receiving migrants to the city and as such is an ideal setting to assess the aggregate level configurations affecting social support and HIV risks.

I conducted several years of participant observation in this complex. I entered the community in 1999 as facilitator of a LHA training and also attended numerous community events and meetings (Health Fair/ Virgen de Guadalupe/ Dia de los Muertos). I also participated in teaching conversational English to a group of Hispanic men at ECH, some of whom lived in '*La Maldita Vecindad*'. Field notes were recorded during my visits to '*La Maldita Vecindad*'. These notes included observations made from 2001 to 2005 with more intense weekly visits over a six month period from May to October 2003. The focus of my observations was on the activities of the men in the neighborhood during their idle time. Field notes were also recorded from my participation in recreational activities for men such as soccer games, card games and just loitering in the parking lot of the apartment complex. I also participated in neighborhood celebrations of religious

holidays. Moreover, notes were taken during conversations with residents of the neighborhood, as well as informal interviews with some of them who moved out of the neighborhood, to record their reasons for moving out and their impressions on their life in the neighborhood. Approximately 40 pages of notes were typed after visits to the neighborhood during the six month period from May to October 2003. Expanded notes were taken during informal interviews. Data from field notes was used to describe the physical environment of the neighborhood as well as the relational context of the Hispanic males living there.

In-depth Interviews

In addition to field notes, my analyses relied on data from semi-structured in-depth interviews conducted with 12 Latino community members (seven men and five women), by trained community members and myself. These community members were selected through purposeful sampling, based on identifying information rich informants who could contribute to an understanding of the changes in behavior brought about by the migration experience. In addition to marital status as a sampling criterion, we looked for Latinos who migrated to the U.S. after they were 18 years old and who had lived in Durham at least for one year. These criteria were set to assure that the interviewees had had enough exposure to the lifestyle in both their home country and the U.S. as to be able to make a comparison of the changes related to their migration experience. A summary of the topics of the interview guide is shown in Table 1. There were three separate interview guides: one for accompanied married men (Appendix D), one for unaccompanied married men (Appendix E) and one for single men (Appendix F). The purpose of the interview

was to get an account of their experience of migration including aspects such as motivation for coming to the United States, living conditions and social interactions in the neighborhood, use of alcohol and of commercial sex workers, and knowledge and attitudes towards HIV/AIDS. The data from in-depth interviews with men was mainly be used to describe the meaning that men gave to their migration experience and their perceived changes in social support and sexual behavior.

I also used data from semi-structured in-depth interviews conducted with 14 key informant members of the CBPR group (eight women and six men). In these interviews, the CBPR group members were briefed about their observations about the Hispanic neighborhoods in Durham where they conducted surveys. Questions were asked about the characteristics of the apartment complexes such as exterior appearance, trash and broken glass on parking lots, presence of street vendors and presence of CSW soliciting door to door. They were also asked about their observations of how Hispanic male migrants interacted in the neighborhood and spent their idle time. The detailed topics of the interview guide for the CBPR group members are shown in Table 2. Additionally, I used data from in-depth interviews conducted with three Hispanic community leaders: a catholic priest, the director of a community based organization, and a long term resident of a Hispanic neighborhood. These leaders were selected because of their intimate knowledge of the migration history and the needs of the Hispanic population in Durham.

Table 1. In-depth Interview Topics

Topics	Sub-Topics
Socio-Demographics	• Age, Place of birth, Education, Occupation • English language ability • Family background, Number of children • Migration history
Migration Decision Making	• How decision was made to migrate • Person making decision to migrate • Influence of partner in making decision to migrate • Plans to return to country of origin • Decision about wife not migrating to the U.S.
Household Division of Labor	• Type of household chores husband does in the U.S. and in country of origin • Type of household chores wife does in the U.S. and in country of origin • Decision making regarding dividing household chores in the U.S. and in country of origin • Coping with household chores in the U.S. • Type of household chores one did in the U.S. and in country of origin
Labor Force Participation in Mexico	• Type of work in country of origin • Financial situation of the household • Wife/children's participation in the labor force • Attitude towards wife's participation in the labor force
Labor Force Participation in the U.S.	• Type of work in the U.S. • Financial situation of oneself/household • Wife/children's participation in the labor force • Attitude towards wife's participation in the labor force and its effect on the marriage • Financial arrangement and bill paying in the household • Gender roles regarding women working • Financial arrangements regarding sending money back to family in country of origin
Family/Social Support	• Role of family and friends in country of origin and in the U.S. • Changes in the role of family and friends after migrating to the U.S. • Difficulty with changes in the role of family and friends • Friendships in the U.S. • Family in the U.S. • Types of social support in the U.S. and in country of origin
Meanings of Change	• Changes to oneself and/or one's partner after migrating to the U.S. • Aspects that have changed • Feelings about the changes

Other Partners	• Sexual relations with other partners • Attitudes regarding sexual relations with other partners • Attitudes regarding use of condoms with other partners • Use of commercial sex workers
Use of Commercial Sex Workers	• Decision making to visit a commercial sex worker • Context of visiting commercial sex workers • Frequency of visits to commercial sex workers • Use of condoms with commercial sex workers • Use of commercial sex workers in country of origin • History of visiting commercial sex workers • Attitudes towards visiting commercial sex workers
Visits to Mexico	• Visits back to country of origin • Relationship with wife • Use of condoms with wife • Discussion about other partners with wife
Gender Transitions/ Relationship Power	• Changes in relationships with wife regarding adjustments made after migrating to the U.S. • Things in life that have changed after migrating to the U.S. • Feelings about lose of control and becoming more dependent on family after migrating • Differences in managing marital conflicts/differing opinions between husband and wife in the U.S. and in country of origin • Types of decisions a husband is responsible for making in the U.S. and in country of origin
Sexual Control and Decision Making	• Degree of commitment to the marriage in the U.S. and in country of origin • Changes in sexual relationships after migrating • Openness in discussing about sexual relations with partner in the U.S. and in country of origin • Attitudes towards birth control and STD prevention in the U.S. and in country of origin • Decision making regarding birth control and STD prevention in the U.S. and in country of origin • Sexual relations when wife is away • Type of sexual partners • Attitudes towards having multiple sexual partners • Use of STD protection methods with sexual partners • Discussion of multiple sexual partners with wife
Gender Attitudes	• Changes in men's and women's roles after migrating to the U.S. • Attitude towards changes in men's and women's roles after migrating to the U.S. • Attitudes towards women becoming more liberated after migrating to the U.S. • Differences between a liberated woman and a traditional woman and the changes one goes through after migrating to the U.S. • Self reflection on attitude towards one's own values regarding gender attitudes • Differences between a traditional man, a machista man and a

	modern man and the changes one goes through after migrating to the U.S.
Knowledge and Attitudes on HIV/AIDS	• Causes of AIDS • Attitudes about getting AIDS • Ways of protecting one against AIDS and whether they practice them • Knowledge of HIV transmission • Perceived vulnerability towards AIDS • Type and sources of HIV/AIDS information

Table 2. CBPR Member Interview Topics

Topics	Sub-Topics
Migration History	• Reason for migrating to the U.S. • Reason for coming to North Carolina
Observations about Apartment Complexes	• Interesting observations about apartment complexes that were visited as part of the survey • Types of migrants • Organization of apartment complexes in terms of race/ethnicity • Differences in atmosphere between apartment complexes
Survey Collection: Methodology and Lessons Learned	• Experience of conducting surveys • Difficulties in conducting surveys • Feedback about the interviewers' training • Lessons learned during the survey process • Lessons learned about the community during the survey • Strengths and weaknesses of the community
CBPR Meetings	• Purpose of group • Participation during meetings • Role in the group • Changes seen as a result of participating in the group • Methods of getting involved with El Centro Hispano • Focus of grant
Gender Roles and Migration	• Attitudes towards traditional, liberated and libertina women and their partners • How different types of women are vulnerable to HIV • Type and information needed on HIV prevention programs • Attitudes towards extra marital relationships including visiting commercial sex workers • Attitudes towards separation and divorce
Idle Time	• Change in sexual behavior after migrating to the U.S. • Perceived changes of lifestyle after migrating to the U.S.

Discussions from the Community-Based Participatory Research Group

My final sources of qualitative data were transcripts from discussions occurring within the Community-Based Participatory Research Group. These were transcripts of 32 CBPR group meetings made during the course of the project from 2001 to 2005. Ten meetings were devoted to training on specific topics, such as participative facilitation of group meetings, survey training and in-depth interviewing. The remaining 22 meetings were devoted to group discussion using triggers to elicit critical reflection. A trigger is a methodological device –such as a question, a drawing, a short story or video, used to facilitate active involvement of a group in a discussion. Discussion topics were selected in agreement with members of the group and included the general planning of the project, group process and cultural interpretation of survey data and preliminary results. The group was often split into smaller groups to allow for more participative discussion before presenting and summarizing in a plenary (McQuiston, Parrado, Martinez, & Uribe, 2005). The group discussions were audio taped and transcribed verbatim by a bilingual research assistant after which another research assistant and I reviewed the transcripts while listening to the tapes for accuracy. Meetings devoted to trainings were not audio taped but notes were taken by a note taker and were later on expanded and complemented with notes from flip charts that were used during the trainings. The data from the CBPR group meeting transcripts will mainly be used to recount how the 'Circle of Migration and AIDS' model was developed. For a chronological log of the CBPR group meetings and its respective topics, see Appendix H.

Quantitative Sources

Targeted Random Sample

The quantitative information comes mostly from surveys conducted as part of the parent study on gender, migration, and HIV risks in Durham during 2002-2005. The survey data were collected by trained CBPR members and myself and was used for a background description of newly arrived Hispanic men in Durham. Data from the survey included demographics, migration histories, indicators of social support, a depression scale, gender attitudes, and sexual behavior, including use of commercial sex workers and condoms. The detailed topics and sub-topics of the survey are summarized in **Table 3**. The complete survey questionnaire is in Appendix A.

The total survey sample size in Durham was 689 (474 men and 215 women) of which 303 were Mexican men and 138 Central American men. The survey was done using random sampling techniques to mitigate the potential biases of convenience or snowball samples. Since there was no appropriate sampling frame of recently arrived migrants in Durham, the survey used targeted sampling from a pool of neighborhoods regarded as being mainly Hispanic, as recommended by Watters & Biernacki (1989). Targeted sampling is widely employed to study social behavior among populations that are difficult to reach and has been shown to be effective at approximating a random sample of the foreign-born in local settings (DaVanzo et al., 1994; Parrado, McQuiston, & Flippen, 2005). Considering that the Hispanic population has grown very fast in the last decade, relying on traditional sources of data such as the decennial census to identify target areas for survey was inadequate. Thus, based on CBPR group discussions and fieldwork around the city of Durham, 13 apartment complexes that predominantly housed

Hispanics were identified. Then, a census of all housing units in these complexes was constructed to serve as the sampling frame. From this list of over 2,000 apartments, independent random samples for men and women were drawn and were visited by male and female interviewers, respectively. It is estimated that the final sample is representative of the recently arrived Latino immigrants, approximately 75% of the total Latinos in Durham. The location of the apartment complexes used as survey locales is shown in Appendix B. The census of housing units per apartment complex with their respective percentage of Hispanics is shown in Appendix C.

Table 3. Survey Topics

Topics	Sub-Topics
Socio-Demographics	• Age • Place of birth • Education • Occupation • English language ability • Family background • Marital status and history • Wife's background • Number of Children • Religious background
Migration and Employment History	• International migration • Types of jobs • Salary history
Depression	• UCLA Depression Scale
Social Support	• Family and friends living in North Carolina • Race/ethnicity of friends • Living arrangements in North Carolina • Idle time and recreation • Affiliation to organizations/clubs • Types of social support available
Alcohol and Drug Use	• Drinking patterns • Frequency and amount of drinking • Drinking and sex with types of partners • Drinking and use of commercial sex workers • Types and frequency of drugs used
Sexual History	• First sexual encounter – age, type of partner, STD protection/contraceptive use • Number of sexual partners – last 5 years and last year • Type of sex and use of condoms with stable partner/causal partner/commercial sex workers • Perceived barriers to use of condoms
Use of commercial sex workers	• Frequency of visits to commercial sex workers • Use of condoms with commercial sex workers • Characteristics of commercial sex workers
HIV/AIDS knowledge and attitudes	• Knowledge of HIV transmission • Perceived vulnerability towards HIV • Type and sources of HIV/AIDS information
Interviewer Observations	• Interviewee attitude • Neighborhood characteristics

Data Analysis

Throughout my dissertation I integrated quantitative and qualitative information. The general structures was to first present broad descriptive characteristics obtained from quantitative data and then delve more deeply into the processes explaining observed patterns using qualitative information.

Preparation of the Data

Taped interviews were transcribed in the original language – Spanish, by a bilingual translator and checked and revised for accuracy with the tapes by a third person. The revised transcripts were entered into Atlas-ti, a qualitative information software that allows for coding and retrieval and for the mapping of relationship between codes. All the coding and analysis of these data was carried out in Spanish. The quantitative survey data was entered into a Microsoft Access database and then converted to SAS for statistical analysis. I used original cross-tabulations obtained from these data as well as published results. I used the data from the different sources as a basis for the analysis of the study research objectives as showed in Table 4.

To address Aim 1, the analysis used the demographic variables from the quantitative survey and was compared and contrasted with the contextual factors identified in the participant observation and CBPR group meeting transcripts.

To address Aim 2, the analysis used the categories identified in the survey data, the in-depth interviews with community members and participant observations. A conceptually clustered matrix was used to bring together the concepts from the different data sources that belonged together (Miles & Huberman, 1994). This allowed for

describing the association between the contextual characteristics of the Hispanic neighborhoods and the risk for HIV.

To address Aim 3, the analysis used the categories identified in participant observation transcripts, in-depth interviews with community members and the CBPR group meeting transcripts. An explanatory effects matrix was constructed to find the connections between idle time and alcohol consumption and the use of commercial sex workers. Explanatory effects matrices are used to link the categories identified in the data with explanations of how things happen (Miles & Huberman, 1994).

Table 4. Integration of Data Sources with Research Aims

Data Sources	Description of Data	Participants	Research Objectives
Survey Data	Collected data on the history of migration, migration experience, sexual history and HIV/AIDS attitudes and knowledge	474 Foreign born Hispanic men between 18 – 49 years old and living in Durham.	Aim 1: Formulate a profile of the Durham Hispanic community. Aim 2: Describe spatial and contextual characteristics of Hispanic migration in Durham and how they affect HIV risk.
In-Depth Interviews (Married Men and Single Men)	Explored gender role attitudes, use of commercial sex workers, HIV/AIDS attitudes and knowledge.	12 Foreign born Hispanic men between 18 – 49 years old and living in Durham.	Aim 3: Identify and understand relationship between social isolation, social support, alcohol consumption and use of CSW.
In-Depth Interviews with CBPR Members	Collected observations of the Hispanic neighborhoods where the surveys were conducted.	14 Foreign born Hispanic men and women who were members of the CBPR group.	Aim 2: Describe spatial and contextual characteristics of Hispanic migration in Durham and how they affect HIV risk.
CBPR Group Meeting Transcripts	Discussion of data collected and the cultural interpretation of preliminary results (e.g. Gender role attitudes, gender role typology, use of commercial sex workers, migration and relationship power, migration and social support).	14 Foreign born Hispanic men and women who were members of the CBPR group.	Aim 2: Describe spatial and contextual characteristics of Hispanic migration in Durham and how they affect HIV risk. Aim 3: Identify and understand relationship between social isolation, social support, alcohol consumption and use of CSW.
Field Notes from Participant Observation	Collected contextual information on Hispanic neighborhood characteristics and the interaction among men living there (e.g. type of social support, alcohol drinking behavior, recreational activities and commercial sex workers soliciting in the neighborhood).	One exemplar neighborhood with recently arrived Hispanic immigrants	Aim 2: Describe spatial and contextual characteristics of Hispanic migration in Durham and how they affect HIV risk. Aim 3: Identify and understand relationship between social isolation, social support, alcohol consumption and use of CSW.

Data Analysis of In-Depth Interviews, Field Notes and CBPR Group Meetings

The first step in the analysis was a careful reading of the transcribed in-depth interviews, field notes, and CBPR group meetings. The purpose of this initial step was to identify common variables or concepts in the text, while thinking and identifying the interrelationships between these variables, a process referred to as *open coding* (Strauss & Corbin, 1990). Initial categories of information about the connection between migration and HIV risks were identified. The segments of information representing a concept or category were then labeled or coded to make it easy to identify and retrieve them for analysis. *Deductive coding* was also done using the concepts in the research questions (e.g. social isolation, social support, idle time, alcohol use, use of commercial sex workers and HIV knowledge). Within each of such constructed categories, the next task was to find their properties, or subcategories, and show their limits and ranges. An example of this process was the identification of a concept, such as marginalization, in my notes, and then constructing its properties, for instance what were the specific processes that interviewers associated with marginalization, what were its components and meanings. I then assessed how pervasive the concept was in terms of significance and extent. The idea was to identify initial categories of information about the connection between migration and HIV risks so as to segment the information and make it suitable for analysis.

In a second step, the categories were mapped in relationship to each other, identifying the relationships between them and the subcategories. This step is generally referred to as *axial coding* and it involves arranging the data that has been openly coded in new ways to identify interrelationships (Strauss & Corbin, 1990). The main task was to

construct a logical diagram connecting concepts. The diagram included a central phenomenon, the causal conditions generating and influencing the phenomenon, the strategies that people used to deal with the phenomenon, and the consequences and outcomes of the whole process. An example would be the phenomenon of marginalization. Lack of good employment opportunities, absence of family support, language barrier and so forth were conditions generating and delineating the extent of marginalization. Different people dealt with the phenomenon in different ways; some became more religious, while others got involved in risky activities. The consequences were then the specific outcomes of the particular types of coping with the phenomenon, such as drinking or risky sex. It is here that the qualitative explanation connecting migration and risky sexual behavior was developed. In order to find the connections between the categories, I used different display arrangements according to the research question being considered, as suggested by Miles & Huberman (1994). For example, a time ordered display was appropriate when analyzing group processes, while an explanatory effects matrix was used when analyzing the connections between various phenomena.

The final step was *selective coding.* At this step, rather than relating all categories, one category became a core category that served to identify a "story line" (Strauss & Corbin, 1990). I carried out selective coding for the concepts of idle time, alcohol consumption and use of CSW, since the loop of these three concepts was central to the "Circle of Migration and AIDS Risk" model. At this point, all the categories were integrated and had a structure. This process lead to the formulation of conditional propositions or hypotheses about the overall factors connecting migration and risky

sexual behavior. At the end, the model "Circle of Migration and AIDS Risk" was then redefined and the connections between categories clarified and reinforced and presented in the discussion chapter.

Data Analysis of Surveys

Survey data was primarily used to describe the context of Hispanic migration in Durham as stated in Aims 1 and 2. I employed bi-variate comparisons and tables to illustrate patterns of behavior, testing for significant differences across groups where appropriate. Examples of tables which was included from the survey data include:

- Demographic characteristics of Hispanic male migrants to Durham such as average education, marital status, prior U.S. migration experience, average time in the U.S. and Durham, and living arrangements.
- Use of Commercial Sex Workers by marital status and living arrangements.
- Use of condoms with Commercial Sex Workers.
- Variation in marital status and CSW use across apartment complexes, with highlight on *La Maldita Vecindad*.

Survey data was also used to address issues of selectivity and potential bias resulting from the purposeful sampling method employed in the in-depth interviews. Using this data, I showed that my main findings from qualitative data were consistent with those evident in the larger, randomly selected survey sample. This parallel use of quantitative and qualitative data provided triangulation and served the purpose of cross validation (Steckler et al., 1992).

Validity

In this study, I have used the notions of validity in qualitative studies as described primarily by Kvale (1995) and Maxwell (1992). Both Kvale and Maxwell believe that there is no one 'objective truth' and that there are multiple ways of knowing which leads to multiple truths. Their rationale for this is that "as observers and interpreters of the world, we are inextricably part of it; we cannot step outside our own experience to obtain some observer-independent account of what we experience. Thus, it is always possible to have different, equally valid accounts from different perspectives (Maxwell, 1992). This statement is most relevant for this study as I will be gathering data from a variety of people and also from different data sources.

I first consider descriptive validity, which is concerned about the factual accuracy of events and experiences (Maxwell, 1992). The data collection methods included in this study reflects descriptive validity in several ways. For example, I tape recorded interviews and transcribed them so as to get an accurate rendering of the interview. During my visits to '*La Maldita Vecindad*' for participant observation, discussion, observation and other field notes were written up as soon as possible to avoid recall bias or loss of information. Moreover, I also collected documents from newspapers and websites so as to check for descriptions of neighborhoods and the experiences of Hispanic migrants in Durham. Having these types of continual checks of the research process to assure quality control throughout the stages of knowledge production was a way of making sure the study was investigating the phenomenon that it has been set out to investigate (Kvale, 1995).

Secondly, I give special attention to interpretative validity, which refers to the correspondence of the researcher interpretation with the participant's perspective (Maxwell, 1992). Preliminary data from surveys and in-depth interviews used for this study was discussed with the CBPR group. Since all of the members of the CBPR group belonged to the local Hispanic community in Durham and were familiar with the migrant's experience, this iterative data analysis process with them gave voice to the community perspective and constituted an in-built member-check process. In other words, the interpretation of the data was negotiated through a communicative process with researcher and community members, testing the knowledge claims through dialogue (Kvale, 1995).

Third, as part of the process of shared construction of meaning, the CBPR group developed the 'Circle of Migration and AIDS Risk' model which showed the component concepts and the relationships that were hypothesized. Confirming that the concepts and categories defined in the study were recognized by community members addressed the theoretical validity of the phenomenon being studied (Maxwell, 1992).

Finally, pragmatic validity refers to whether the interpretations from the study can assist in developing actions that will bring about change (Kvale, 1995). In this regard, the 'Circle of Migration and AIDS Risk' model was used by researchers and community members to guide a proposal for an AIDS prevention program in the Hispanic neighborhoods in Durham.

CHAPTER 4:

SPACE AND HIV RISKS: THE IMPORTANCE OF THE APARTMENT COMPLEXES FOR LATINO HEALTH IN DURHAM, NC

There is increasing recognition in the public health and social science literature of the salience of contextual forces for understanding health outcomes. The neighborhood in which people live, including perceptions about safety and sense of disorder significantly correlate with diverse health outcomes such as asthma, teenage childbearing, or birth weight. For Latino immigrants to new areas of destination this implies that the spatial location of the population, especially the neighborhoods that receive them, can have an important role in exposing migrants to HIV risks.

In this chapter, I explore the connection between context and HIV risks. I focus on the role of the apartment complex that house migrants in Durham, NC. The first part of the chapter reviews the literature on macro level forces and health. The second part of the analysis concentrates on the Durham experience by describing population change in the county, using the survey data to describe the spatial distribution of Latino immigrants, and connecting it to HIV risks. The final part of the analysis uses data from participant observation to provide a detailed description of a particular apartment complex housing Latinos in Durham and its relation to HIV risks, contrasting it to the experience observed in other complexes.

Neighborhoods and Health

Concerns about the role of social and physical disorder in affecting urban life have a long history in descriptions of American cities. Visible images of disorder have been highlighted as evidence of incivility that affect the public presentation of neighborhoods making them more or less conducive to negative outcomes. Arguably, the more systematic treatment of the role of neighborhoods on behavior derives from the criminology literature. This literature has been directly concerned with the role of social disorder as a cause of serious crime.

In general, the literature distinguishes between social and physical disorder. According to Sampson and Raudenbush definitions (1999:603), social disorder refers to behaviors usually involving strangers and considered threatening, such as verbal harassment on the street, open solicitation for prostitution, drinking in public space, and rowdy groups of young males in public. Physical disorder in turn, refers to the deterioration of urban landscapes, such as graffiti on buildings, abandoned cars, and garbage in the streets. Both social and physical disorders have direct implications for everyday life. They trigger attributions and expectations for insiders and outsiders alike and can even affect the participation of residents in seeking improvement. These issues are particularly relevant for recent immigrants, since the neighborhood context in which they live can have direct implications for patterns of adaptation and affect general outcomes of the migration experience. Thus, describing the social and physical disorder of Latino neighborhoods in Durham is a fundamental dimension for understanding the migration experience in new areas of destination that can potentially correlate with HIV risks.

The "Broken Windows" Hypothesis

A leading perspective in criminology that has also been applied to health outcomes, especially STDs, is the "broken windows" theory (Wilson and Kelling, 1982; Cohen et al., 2000). The theory argues that incivilities, even if relatively minor, such as broken windows, attract more serious crimes because potential offenders assume that residents are indifferent to what happens in the neighborhood. The broken windows metaphor captures the idea that visual signs of deterioration reflect that residents are unwilling to confront strangers, intervene in a crime, or call the police. From a public policy perspective, this theory highlights the importance of appearances for preventing crime.

The "broken windows" hypothesis has been directly tested on the risk of gonorrhea. Cohen et al. (2000) has measured directly the association between community disorder and gonorrhea rates in New Orleans. They found that their broken windows index explained more of the variance in gonorrhea rates than other neighborhood characteristics, such as poverty, unemployment, and low levels of education. Also, research by Wallace and colleagues has shown that the deterioration of inner cities was a central factor contributing to the spread of HIV. In a similar fashion, their studies highlight that the physical aspects of the neighborhood created opportunities for illicit activities that affect health outcomes. These studies cautioned though about the causal connection between disorder and STDs, a concern that has promoted some reinterpretations of the findings.

Structural Concerns and Collective Efficacy

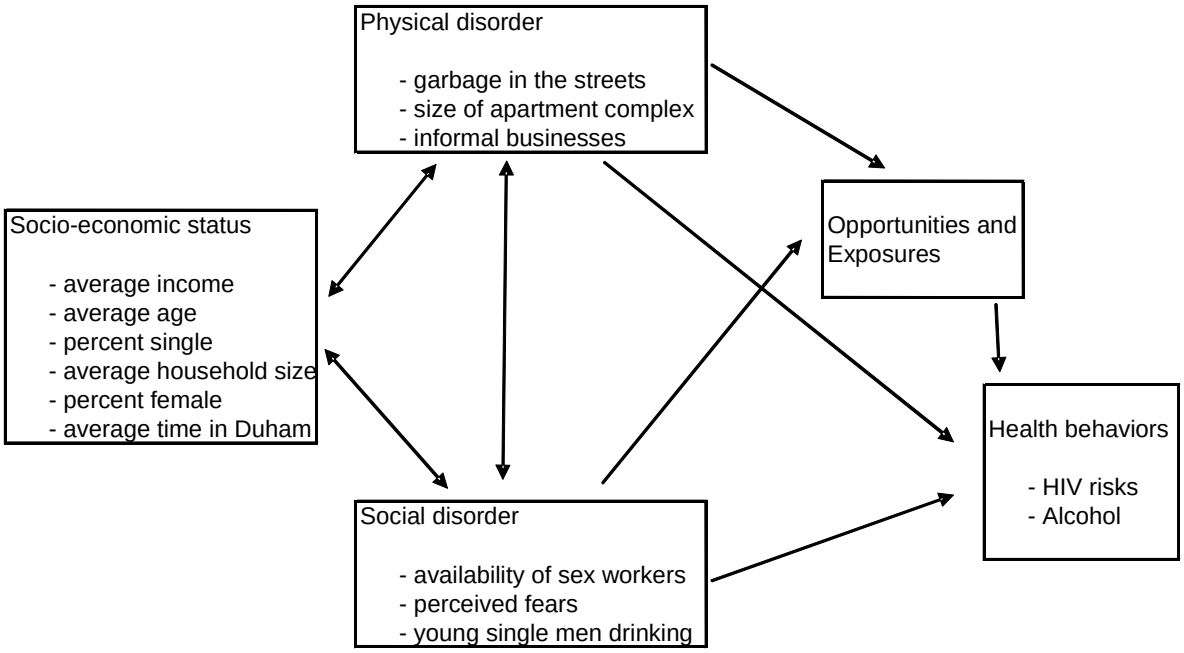
One of the problems that have been highlighted with the broken windows hypothesis is the assumption of a causal connection between disorder and crime. Even though researchers agree about the importance of the appearance of the environment for understanding processes such as crime or STDs, they caution that appearance is also a reflection of underlying structural constraints that generate both undesirable health outcomes and neighborhood deterioration (Sampson and Raudenbush, 1999). According to this perspective, rather than a cause, disorder should be considered as a correlate of unhealthy outcomes.

This is not to say that disorder is not important for social organization. In fact, this perspective rests on the notion that the visual presentation of the neighborhood provides clues to what are tolerable and acceptable behaviors. Moreover, disorder can be a central determinant of migration patterns between neighborhoods and even living arrangements. A more comprehensive notion of disorder though implies the need to consider also what causes disorder and whether these causes can be separated from the factors generating unhealthy outcomes. This more comprehensive approach highlights the importance of social control and situational opportunities for affecting health outcomes.

It is clear though, that closer attention to the role of neighborhood for understanding HIV risks among migrants is necessary. My approach is closer to the mediated notion of the connection between disorder and crime. Figure 2 is an adaptation to the model proposed by Cohen et al. suitable for the analysis of contextual forces affecting Latino immigrant health, especially HIV risks. The model takes the socioeconomic status of the apartments, together with physical and social disorder as

mutually determined and influencing each other. These factors then directly influence the opportunities and exposure to HIV risks as well as health behaviors. My description and analysis will follow this model.

Figure 2. Environmental Influences on HIV Risks[1]



[1] Adapted from "Neighborhood Physical Conditions and Health," by D.A. Cohen, K. Mason, A. Bedimo, R. Scribner, V. Basolo, and T.A. Farley, 2003, *American Journal of Public Health*, 93(3), p. 467.

The Durham Context

Durham, North Carolina provides an ideal setting to study Latino adaptation in new areas of destination. Data from the 2000 Census has identified an important shift in the geographic distribution of the U.S. population with migration away from large cities such as New York, Los Angeles, and Chicago and into emerging metropolitan magnets, especially in the Southeast and West. Durham is a case in point. During the 1990s

employment growth in the new economy and high tech sectors attracted significant numbers of internal and international migrants. Between 1990 and 2000 the population of Durham County grew 23 percent from 180 to 221 thousand, which compares favorably to the 13 percent growth for the U.S. population as a whole during the same period. This pattern was mimicked by other cities in the Southeast such as Atlanta, GA; Charlotte, NC; and Greenville, SC. These population trends underscore the importance of understanding health behaviors in new metropolitan magnets and suggest that findings from the Durham area could be readily generalizable to other newly emerging destination cities in the U.S.

In addition to its rapid growth, the racial and ethnic diversity of the Durham population is also well-suited for the objectives of this dissertation. In 2000 48% of the population of Durham County was White, 39% was African-American, and 8% was Latino. The African-American community of Durham dates back to the 1900s and has, in fact, been increasing rapidly during the past decade as professional and college educated African-Americans accelerated their return to the South. Between 1990 and 2000 the African-American population of Durham increased 30% from 67 to 88 thousand. The size of the Non-Hispanic White population in turn, has remained basically unchanged around 110 thousand throughout the decade.

Unlike the African-American community, the growth of the Latino community of Durham is a relatively recent phenomenon. According to Census data, between 1990 and 2000 the Latino population of Durham grew over 800% from 2 to 17 thousand. This rapid growth reflects a recent trend towards geographic dispersion of the U.S. Latino population and the emergence of new areas of Latino destination, especially in the

Southeast. In the case of Durham, the rapid growth of the high-tech sector spurred a boom in business and residential construction in the area which in turn increased the demand for low-skilled workers attracting Latinos. The Latino population of Durham is different from the general Latino population of the U.S., but again mimics the characteristics of the Latino population in other Southern cities that have experienced rapid Latino influxes. Most Latinos in Durham are foreign-born (70% compared to 50% for the general U.S. Latino population) and of recent arrival. Over 65% moved to the U.S. between 1995 and 2000.

Descriptive statistics from secondary survey data collected in Durham, presented in Table 5, show that the Latino migrant community is diverse. Over 70 percent of local migrants are originally from Mexico, with an additional 16 and 9 percent from Honduras and El Salvador, respectively. Durham's Latino population is of recent arrival. The average year of arrival in the U.S. was 1996, which at the time the estimate was obtained implied only six years of total U.S. experience. While 44.4 percent of migrant men had lived in another U.S. location prior to coming to Durham, the rest migrated directly from their countries of origin. Their recent immigrant origin results in a much younger Latino population than among native-born Americans, with very limited English skills. In fact, a mere 8 percent of migrant men in the Durham survey report speaking English well.

Table 5 also presents marital status, which is central to HIV risk among migrant men. While just over 40 percent of Latino migrant men are married and living with their spouse in Durham, nearly 38 percent are single and over 22 percent are married but living apart from their wives. Thus nearly 60 percent of all migrant men are "unaccompanied"

– either single or married with their wives continuing to reside in their countries of origin. It is these unaccompanied men who are most at risk of visiting CSW in Durham. Moreover, Latino migrants tend to be significantly disadvantaged in terms of socioeconomic background. Their educational credentials are well below the educational attainment of the native-born U.S. population. In the Durham survey, Latino male migrants averaged only 7.6 years of education. While over 91 percent of male migrants were employed at the time of survey, they were concentrated in low-skilled occupations and averaged only $9.90 in hourly wages. According to Census figures, 26% of the Durham Latino population was living in poverty in 2000. Their precarious economic condition in many instances is aggravated by lack of documentation which further restricts their access to health care. While their health profile is also different from the overall population, their increase representation in the general U.S. population and especially in new areas of destinations makes Durham an interesting setting to evaluate the constraints that this population faces in dealing with health conditions and the policy options available to prevent growing health disparities.

Table 5. Demographic Characteristics of Durham Latino Migrant Men Surveyed in 2002-2005

Country of Origin (%)	
Mexico	70.6
Honduras	15.6
El Salvador	8.6
Other	5.1
Age (mean)	28.8
(S.D.)	(7.1)
Years Education (mean)	7.6
(S.D.)	(3.0)
Currently Working (%)	91.2
Hourly Wage (mean $)	9.9
(S.D.)	(3.3)
Marital status	
Single (%)	39.0
Married w/spouse in Durham (%)	38.0
Married w/spouse in country of origin (%)	23.0
Immigration	
Year of Migration (mean)	1996
Years of U.S. Experience (mean)	6.0
(S.D.)	(4.5)
Internal U.S. Migrant (%)	44.4
Speaks English Well (%)	8.2
N	475

Spatial Distribution of the Durham Latino Population: The Apartment Complexes

In part resulting from its recent development, rather than concentrated in well-established neighborhoods, the Latino population in Durham is scattered across the city with small pockets here and there in low-rent apartment complexes. They are, however, concentrated in areas around downtown and the Northeast. One of the first areas known to house large numbers of Latinos in Durham was Ivy Street, later known as *Mexico Chiquito*. These are 42 housing units in 21 duplex one-story houses on the north side of intersection with Juniper Street. Each house has some small patch of yard, in front and in back. The narrative of a 42 year old Mexican male migrant, who came to live in Ivy Street in 1992, gives us a historical perspective on the way Latinos populated the area. He says the neighborhood was mainly African American with a few white Americans at the time. He moved there because a male cousin had already been living there for 4 or 5 years. When he first moved there, he and his cousin would have to go to the flea market (an hour away in the outskirts of Raleigh) to see other Latinos, because there were so few in his neighborhood. Over time, more Latinos moved in and gradually displaced the largely African American population in the area. He reported that by 1996-1998, new migrants started pouring in to the area, and employers looking for day laborers would come to the neighborhood to pick people up in a van to bring them to job sites around the area. These entrepreneurs (largely African American) eventually set up more permanent companies performing landscaping and construction tasks.

One of the local residents of *Mexico Chiquito* started bringing Latino goods from a Latino store in Atlanta, GA and selling them from his living room. Originally he would make trips to Atlanta once a week to restock, but soon needed to make 2 trips a week

because demand had grown so strong. A couple of years later, demand was strong enough that he opened his own store, *Tienda Don José*, which eventually grew to include two different locations. Ivy Street became a magnet for Latino socialization with Latinos from around Durham congregating there on the weekends for cook-outs and drinking. They were attracted by the Latino store and because housing units had small yards which made up as public space. It was an informal process by which people would get together. One day, an African American man who used Latino labor noted the large number of Mexicans outside socializing and said "this place looks like little Mexico now" and thus the area was dubbed "*Mexico Chiquito*." Thus, the name originated from someone outside the Latino community but quickly caught on and endures to this date.

Because *Mexico Chiquito* was small, and surrounded by owner-occupied single family housing, the Latino population of Durham quickly surpassed the capacity of *Mexico Chiquito*. A new early point of concentration of Latinos began to grow in Colony Manor, which was later dubbed "*La Maldita Vecindad*." *La Maldita* is a collection of eight apartment buildings, each with three stories with a total of 105 housing units. *La Maldita* was also predominantly African American until roughly 1994-1996 when it rapidly turned Hispanic. By 2000 there were only two African American families living there. As one 36 year old male resident from El Salvador put it: "*antes vivían morenos aquí, pero los sacamos nosotros* (African Americans used to live here before, but we kicked them out)." Respondents report that the period of transition from African American to Latino was accompanied by significant violence, in the sense that there were a number of robberies, beatings, and stabbings, which Latino residents reported as black-on-Latino crime. Once the neighborhood became all Latino, crime reportedly subsided

somewhat. One reason for the rash of crimes was that Latinos had a reputation for carrying large sums of cash, because they lacked access to mainstream financial institutions, which was one of the motivations behind the subsequent establishment of the Latino Credit Union in Durham in 2001.

As the Latino population continued to grow rapidly, they spilled out of *La Maldita* as well into more or less adjacent areas in Northeast Durham. Other apartment complexes were quickly converted from African American to Latino starting in the late 1990s. Because *La Maldita* was perceived as very dangerous, migrants sought to move to a more secure environment as soon as they obtained better circumstances. Especially when men brought their wives and families from Mexico, they would move out. *La Maldita* thus retained its atmosphere of concentrated unaccompanied men. Other places became more known for housing more families, such as Pilot Apartments and the Leon Street apartments in the Northeast and the Garrett Road Apartments in the Southwest. The latter was, along with *Los Coloniales*, one of the few Latino areas in the Southwest until the early 2000s. Since that time, several new concentrations have emerged.

As reports of the severely negative conditions in *La Maldita* spread, several outreach organizations, such as El Centro Hispano and several church organizations, sought to improve conditions there. A Latino community leader, who was the Director of El Centro Hispano for nearly 8 years, recalls that they petitioned the police to increase patrols there, which resulted in a full time patrol car stationed there all day until nine at night. El Centro Hispano began significant outreach work there, mainly for STD prevention but also worked to bring other services to *La Maldita* residents. For example, in the 1999 ice-storm that resulted in lengthy power outages throughout the region, they

worked with residents not to grill indoors. There were also other NGOs such as Casa Multicultural which worked with apartment managers to try and improve conditions of violence, neighborhood environment and other initiatives. The end result was that conditions started to improved around 1999-2000. At that time, another two neighborhoods, Cross Roads Apartments and Middle Creek Apartments began to be known as *La Maldita II* and *La Maldita Chiquita*. They were given these nicknames after the original *La Maldita* as they were mainly housed unaccompanied male residents and presented the same characteristics of people who drank outside their apartments, prostitutes who visited the neighborhood, as well as people who sold drugs and stolen goods. Some people who caused problems in *La Maldita* were forced out by increased security and police presence, and settled in *La Maldita II* and *La Maldita Chiquita.*

Variation in Social Conditions Across Apartment Complexes: Implications for HIV Risks

The end result of these dynamic population movements was a wide variation in the context of risk, with some apartment complexes housing mostly single men who contributed to much social and physical disorder of the neighborhood while other apartment complexes housing more families which provided a more tranquil environment. These patterns were clearly illustrated in the quantitative survey data, presented in Table 6 which shows the social characteristics of the apartment complex and HIV risks. Following our theoretical framework, Table 6 reports variation in demographic and socioeconomic characteristics, differences in living arrangements by apartment complex as well as HIV risks. Two complexes are particularly relevant for my

analysis, *La Maldita* and *Los Coloniales*, as I used data from *Los Coloniales* as a reference for understanding the processes fueling HIV risks in *La Maldita*.

The results show that the demographic and socioeconomic characteristics of the Latino population were actually homogeneous across apartment complex. Overall, the data showed relatively similar levels of education, wages, and time spent in Durham across the different locations housing Latinos. The same applied to other dimensions, such as living arrangements. In general, results show that somewhat less than five individuals lived in each apartment which on average had two bedrooms which resulted in close to 2.5 individuals per bedroom. For the purpose of this study, the main implications of these results are that variation in HIV risks across contexts cannot be explained by average socioeconomic characteristics or overcrowding.

Marital status, on the other hand, differed sharply across apartment complexes. Certain complexes, like Ivy Commons, Leon Apartments, Wellington Place, or *Los Coloniales*, clearly attracted more families as reflected by the fact that over 40 percent of men in this complexes were residing with their spouses. On the other extreme, complexes such as *La Maldita* or *La Maldita II*, housed primarily unaccompanied men. For instance in *La Maldita*, only 17% of men were married and living with their spouses, while the rest were either single (42%) or married men whose wives continued to reside in their country of origin (42%).

These differences in family structure by apartment complex represent different social support structures and HIV risk contexts because social and physical disorder tend to concentrate in areas with more single men, as I will describe below. *La Maldita*, for instance, showed a much lower proportion of men visiting family on a weekly basis, 28%

compared to 38% for *Los Coloniales*. At the same time, compared again to *Los Coloniales*, there was a lower proportion of men who reported visiting friends once a week, 63% compared to 73%, respectively. The same applied to sporting events, which is indicative of a higher degree of isolation among residents of *La Maldita*, compared to *Los Coloniales*. The only social activity that had higher representation in *La Maldita*, was going to bars, which directly connected with exposure to HIV risks, since it was in bars where men found casual partners and sex workers.

These differences in marital status and social support also connected with variation in depression levels as measured by the 10 item CES-D screening scale (depression is defined as at least 4 negative responses). While levels of depression were very high overall, they were much higher in *La Maldita*. In *La Maldita*, 57% of the men reported having felt depressed in the last 6 months, compared to 46% in *Los Coloniales*. The main group suffering depression were married men residing without their spouses, the higher representation of this group in *La Maldita* accounted for the overall higher depression levels in the complex. Longing for the family they left behind was the main reason for feelings of sadness and depression among Hispanic migrant men. This was particularly evident during their idle time when they frequently called their family or wives in their home country. This usually happened on weekends or whenever they had a day off from work. It was common for men who worked in the construction industry to have days off due to rain. During my fieldwork in *La Maldita* I noticed that men would go to a room and disappear for an hour or two while they were talking on the phone with their family. It was common that several men took turns to use the phone if there was a land line and they usually used prepaid calling cards. A 36-year old Mexican man who

worked as a contractor and recruited workers in *La Maldita* stated that men often got depressed when they were not working because of the complaints they had to deal with when they called home, as he put it:

> *Cuando están trabajando no hay mucho problema, a ellos les entra la depresión es cuando llaman a la familia o a la esposa en Mexico y les ponen quejas.... que tu hijo no va a la escuela por estar con los amigos... que tu hija ya tiene un novio... son las quejas que les ponen, porque ellos no pueden hacer nada desde aquí. O alguien les cuenta que su que la mujer ya consiguio otro hombre o la novia les dice que ya se canso de esperarlos... por eso es que ellos se deprimen.*
>
> (It is not so bad while they are working, they get depressed when they call their family or wife in Mexico and start hearing complaints... that your son is missing school and hanging out with friends... that your daughter has a boyfriend... it is the complaints that wear them down because there is little they can do to help from here. Or someone tells them that their wife may be having an affair, or their girlfriends tell them that they are not going to wait for them any longer... that is why men get depressed).

Also, according to discussions in the CBPR group, it is probable that these feelings of sadness and depression made Hispanic men drink more in the U.S. as a coping mechanism, as they put it: *"Ellos toman para ahogar las penas en alcohol* (They drink trying to drown their sorrows away in alcohol)."

Together, the high prevalence of unaccompanied men as well as differences in the resources available to migrants (in terms of recreational outlets, meeting places, and the availability of opportunities for social interaction – all of which structure how men can spend their idle time) and depression resulted in different prevalence of HIV risks.

Table 6. Social Characteristics of the Apartment Complexes and HIV Risks in Durham, 2003

	All	Wellington Place	Los Coloniales	***La Maldital*** **Los Charleston**	*La Maldita* II/ Hopkins	Pilot	Mexico Chiquito/ Juniper	Leon/ Palm Park	Other
Demographic and socioeconomic background (mean)									
Age	28.8	28.6	28.2	**30.1**	30.3	28.8	28.5	28.4	28.4
Education	7.6	7.8	8.0	**6.4**	6.2	7.4	7.8	8.0	7.4
Hourly wages	9.8	9.9	10.2	**10.5**	8.1	9.3	9.2	10.0	8.9
US experience	6.0	6.1	6.6	**5.4**	3.7	6.9	6.5	6.2	6.8
Durham experience	4.5	4.6	4.9	**4.1**	3.4	4.4	5.3	4.0	5.0
Marital status (%)									
Married, spouse Durham	38.0	40.7	37.9	**16.3**	24.2	56.8	39.4	48.2	43.8
Married, spouse abroad	23.0	19.5	20.4	**40.8**	45.5	13.5	24.2	17.7	12.5
Single	39.0	39.8	41.8	**42.9**	30.3	29.7	36.4	34.1	43.8
Living arrangements per apartment (mean)									
Number of residents	4.7	5.0	4.6	**4.7**	4.8	4.5	4.9	4.5	4.8
Number of rooms	2.0	2.1	2.0	**2.1**	1.9	2.0	2.0	2.0	2.2
Ratio	2.4	2.4	2.3	**2.3**	2.6	2.2	2.4	2.3	2.3
Social support and isolation (%)									
Visits friends	63.4	63.4	72.8	**63.3**	55.9	51.4	54.5	68.2	37.5
Visits family	34.1	28.0	37.9	**28.6**	32.4	43.3	36.4	35.3	43.8
Goes to sports event	41.3	48.3	41.8	**32.7**	44.1	40.5	51.5	35.3	18.8
Goes to bars	10.0	16.9	8.7	**12.2**	5.9	2.7	12.1	7.1	0.0
Depressed	45.1	30.5	46.6	**57.1**	58.8	43.2	45.5	48.2	62.5
HIV risks									
Use of commercial sex workers in previous year (%)	28.8	28.8	26.2	**44.9**	35.3	16.2	21.2	27.1	37.5
N	475	118	103	**49**	34	37	33	85	16

Results show that while 47% of men living in *La Maldita* had visited a CSW in the previous year, the corresponding figures for apartments with more families were markedly lower – 26% for *Los Coloniales*, 28% for Leon Street apartments, and only 16% in Pilot apartments. So what physical and social disorder dimensions correlate with these differences in use of sex workers?

Apartment Complexes and the Context of HIV Risk: *La Maldita Vecindad*

La Maldita Vecindad (The Damned/Cursed Neighborhood)

While the quantitative analysis describes the contextual forces shaping HIV risks among Latinos in Durham and the considerable variation across apartment complexes it cannot reconstruct the particular mechanisms connecting neighborhoods and health risks and how they are experienced by apartment residents. More general questions, such as why are there more unaccompanied men in *La Maldita* than in other complexes?; how is social order reconstructed in migrants communities; and how is this reconstruction connected to HIV risks?; require a more in-depth qualitative understanding of neighborhood dynamics. The next analysis elaborates on this in-depth understanding of the social role of neighborhoods in protecting or promoting HIV risks by examining the particular configurations of *La Maldita Vecindad* with special emphasis on issues of physical and social disorder. I also describe the conditions at *Los Coloniales* as a point of reference to better understand conditions at *La Maldita*.

La Maldita consists of 105 two-bedroom apartment units distributed in eight three-story buildings (Figure 3). The buildings are arranged in concentric U shapes such that they all face two common parking lots. The apartments each have small, narrow

balconies that are covered by the overhang of the third floor roof. The complex is relatively shut off from the outside in the sense that it is not situated on any through streets – you only enter the neighborhood deliberately. When you enter the neighborhood in the evening and residents are hanging out in the balconies, the complex has the feeling of an amphitheatre – you feel as if you are being watched when entering the neighborhood.

Figure 3. A Satellite View of *La Maldita Vecindad*[2]

[2] Satellite view from Google Maps at: http://www.google.com/maps (last accessed 10 May 2007)

The complex has small common "yard" spaces, though they usually have cars parked there and become very muddy when it rains. There is no rental office on site, so residents have to go downtown to pay their rent or put in a maintenance request, and

residents complain of slow service. There is, however, an African American family in building two who act as superintendents. The apartment complex does not have laundry facilities, a community room, or other amenities such as a pool or gym. Residents have to drive two or three minutes to the closest Laundromat – it is not within walking distance. *La Maldita* is proximate to another two apartment complexes that remain largely African American.

Physical disorder in La Maldita

La Maldita has numerous examples of physical disorder, which might have actually become more prevalent over time. There are potholes at the entrance of the apartments as well as in the parking lot. The exterior appearance of the apartments is poor, with chipped painting and mold in the outside and broken gutters. There is also a lot of trash outside – empty beer and soda bottles/cans strewn on the street and a lot of broken green and brown glass from beer bottles. The dumpster is also often full, with bags of trash piled up next to it. There is no graffiti, but there are several apartments with broken windows. On one side in particular, the side facing the neighboring apartment complex with predominantly African American residents, there are numerous broken windows that tend to go un-repaired. *La Maldita* residents say that African American teenagers throw stones at night and break windows on that side of the complex. When this happens, residents ask to be moved further from that area and windows remain un-repaired. In addition, one of the buildings caught on fire on one side in 2003 and remains boarded up and fenced off.

Apartment balconies are crowded with items, including satellite dishes hanging from the rails, small outdoor charcoal grills, bicycles, toys, chairs, shoes, and other personal items. It is also common to see laundry hanging on balconies to dry, especially, according to residents, in apartments where women are living. Unlike in *La Maldita*, other apartment complexes have norms that prohibit hanging laundry outside the apartment. One 38 year old Mexican resident in Palm Park Apartments complained that his wife cannot hang the kids' clothes outside because the administrator told them that hanging laundry in public view was not permitted there; as he recounts they told him: "*A usted le rentamos de la puerta para adentro... Usted no es responsable del exterior del apartamento y no puede colocar ni cambiar nada afuera."* (We are allowing you to rent this apartment, but only in the confines of the apartment in the building. You will not be responsible for the exterior of the apartment and you cannot change anything or place any objects outside the apartment).

Hispanic residents of *La Maldita* consistently complain of poor housing maintenance. AC and heating is often broken and repair crews take a long time to come. As one Honduran informant told me "*La gente se está yendo de aquí porque aquí no hay mantenimiento. Si se daña una cosa, nadie la arregla. Fíjate... pagamos $600 de renta y no se arregla nada. Pues, es mejor en otro sitio."* (People are leaving this place because there's no maintenance here. If something gets broken, nobody fixes it. Look, we pay $600 in rent and they don't fix a thing. So it's better in other places). Others say they avoid placing maintenance requests because the landlord will charge the repairs to them and this will increase the rent. As one 21 year old Honduran male put it, "*El aire acondicionado no funciona hace mas de tres meses, pero mejor nosotros nos quedamos*

asi, porque si ellos vienen y lo arreglan nos van a cobras como 50 dolares mas de renta por varios meses." (The air conditioner has been broken for over three months now, but we rather get by without it because if they -the landlord- came and fixed it they would charge us about $50 extra with the rent for several months). Either way, complaints over the lack of building maintenance are constant.

La Maldita also has a large shrine (a shed made by residents of the same general materials as the apartment complex) to the Virgin of Guadalupe. This is meant as an altar, and it is usually maintained by one or two families in the neighborhood, but all residents go there to leave flower offerings and light candles. Having a shrine outside makes it possible for more residents to visit and it also reduces the risk of fire. In another complex, *La Maldita Chiquita*, a single Mexican male, who participated as a volunteer with the local catholic church, arranged an altar in the living room of his apartment and allowed and encouraged people to visit and leave offerings but they used and electric light bulb instead of candles to avoid the risk of fire.

Social disorder in La Maldita

In addition to ample evidence of physical disorder, there is also a great deal of social disorder in *La Maldita*. Because of the layout of the complex, it very much resembles an arena, with much of social life occurring outdoors. People congregate on balconies and in parking lots, and everyone can see what everyone else is doing because of the arena-like layout. Drinking alcohol outside is common – on any given evening, there are several groups of men clustered, drinking beer outside. It is common for men to sit with a case of beer on one side and empty bottles on the other. It is very common to

find men drunk, especially on weekend evenings, and they are always very friendly and will talk to you and invite you to join them. In most occasions, the atmosphere is festive and they seem to be happy, but it is not rare to find men who are crying or cursing over some personal problem while they drink. Still, not everybody in a given cluster of men are always drinking heavily, there are some men who share with the group but drink little or moderately and they will comfort those who are having a crying spell and take care of them while they are drinking. Fights between men occasionally break out, particularly late at night, although not as often as in previous years before the police increased their presence here. It is also common to see people grilling on their balconies on the weekends, also while drinking beer. Men sit on balconies in cheap lawn chairs or turned over painting buckets to make seating.

Another characteristic of social disorder in *La Maldita* is that there is often a lot of noise coming from music being played out loud. Men usually listen to music while they are drinking outside and it is common that two or three different groups of men will have each a radio or CD playing out loud, so you can hear several different tunes at the same time. Even while they are not drinking, it is common to find groups of men listening to music while they hang outside chatting or repairing a car. Although most residents do not complain about people listening to music out on weekend evenings, some find that it disturbs them especially when it goes on late at night or on a weekday. A 46 year old Mexican male who moved out of *La Maldita* after living there for over three years said he took the decision to move out after some new neighbors moved in and were making too much noise on weekdays: "*Yo estaba contento en la La Maldita, pero han llegado unos nuevos chavos y están tomando y escuchando música hasta entre dias*

de semana... ya no se puede dormir tranquilo para ir a trabajar." (I used to be happy in *La Maldita,* but these new neighbors that moved in are drinking and listening to music out loud even on weekdays... you cannot have a good night sleep to go to work).

On the other hand, some residents actually prefer *La Maldita* to other neighborhoods because public drinking is tolerated there. For instance, one informant told me *La Maldita* was not a bad place to live, and that in other places it was worse. When I asked why, he said: "*En otras partes está peor; aquí está bien porque se puede tomar (cerveza) hasta las 9pm. En otras partes no te dejan tomar afuera en público. Aquí el encargado nos dice que desde que no hagas problema, puedes tomar afuera. Sólo nos pide que llevemos las botellas vacías al bote."* (It is worse in other places; here it's good because you can drink until 9 pm. In other places they don't let you drink outside in public. Here the superintendent says that as long as we don't make trouble, we can drink outside. We just have to bring the empty bottles to the bin," -pointing to a plastic recycling bin).

It is also common to see people selling stolen goods in *La Maldita*. Cars driven by White and African American men (sometimes with a woman) come in and peddle car stereos. Police searches also turn up stolen goods on occasion. For instance, one evening I was conducting an interview when a tall, stocky, Anglo American man in street clothes knocked on the door of the apartment I was in. He asked me if my name was John, then asked the apartment residents if he could enter. He again asked if my name was John, even though I had already told him no. Then an African American police officer in uniform came a moment later and confirmed that I was not that other man. They asked permission to search the apartment. Though they did not have a warrant, the residents

allowed it. Behind the couch the uniformed officer pulled out a circular saw, one car stereo, then another, then another. They asked who the items belonged to, and the residents answered that it belonged to a man named Ruben, who did not live there but stayed there on occasion. The police left and returned with a list of serial numbers, and said that the circular saw was stolen and that they would have to confiscate it. The police were extremely polite and courteous. Even though the men did not dispute the confiscation of the saw at all, the police officer went to great pains to explain why they had to take it, and also left a card with his name and number, and a case number in case phantom Ruben wanted to file a complaint. They even left the car stereos. When I was leaving later that evening, I saw an Anglo man in handcuffs in the police car outside – the man the police had been asking for in the apartment. One of the residents told me that he often comes and sells stolen goods to get money for drugs. Everyone in the buildings was watching the spectacle from their balconies.

Drug use is another sign of social disorder in the neighborhood. While drug use is present in the neighborhood, drug sales are never conducted in the open. While in the neighborhood, I sometimes smelt Marijuana outside and occasionally saw people smoking outside, but people do not openly sell drugs in the street.

Public spaces in *La Maldita* are overwhelmingly the territory of men. I hardly ever saw women residents outside – I only them when they leave or return to their apartments, and even then they go as quickly as possible through the parking lot and public areas. Women do not socialize with the men outside or at the doors of their apartments. Perceived safety is a primary consideration keeping women away from *La Maldita's* public spaces. As one man who had moved away from *La Maldita* put it

"*mientras yo estuve solo allá, estaba bien para mi. Pero cuando llegó mi esposa, ése no es un sitio para dejar solas a las mujeres."* (While I was alone there it was fine for me, but when my wife came it was not a good environment to leave a woman alone). Likewise, a woman who had moved some years earlier from *La Maldita* to the Mews Apartments recounted how she had moved because she did not want her two children to remain there once they became teenagers, for fear that the alcohol and drug use in the area would be a bad influence on them. Members of our CBPR research team also related how men in *La Maldita* told women not to go outside because it is too dangerous.

Sexual Risk Behaviors in La Maldita

La Maldita also presented a very particular environment of social disorder with respect to sex workers. It is common to see CSWs openly soliciting in the neighborhood. They often arrive by car. I often observed two white women, in particular, who frequent the area, driving into *La Maldita* in a truck and going upstairs together. Because of the open layout, the men readily see sex workers arrive and easily recognize them. There are also several African American women who frequent the neighborhood. On one occasion, I observed and African American sex worker arrive at the neighborhood, which set off a rowdy exchange where the men who were outside on balconies shouted cat calls and obscenities to her, which she returned in kind, also making obscene gestures.

CSWs generally do not go door to door in *La Maldita*, but instead search out particular apartments where they presumably had had business before. Also, because so many men are outside, they proposition them there without ever having to knock on doors. For instance, on one spring evening while talking to a Honduran male informant,

the 2 White American sex workers came and called to him to come over. He tried to waive them off, as he was in the middle of a conversation with me. They were persistent in calling him over to talk to them, which clearly embarrassed him. I asked if he wanted to go talk to them and he said, "*No, no me conviene."* (No, it's not good for me). He then called over to them "*No, ahora no; estoy ocupado."* (No, not now; I'm busy). He had to say it twice before they left.

Another time I was on a balcony on the third floor with some Mexican resident men drinking beer. I had gone several times to visit this apartment, trying to obtain an interview there. While the men, roughly 8 Mexicans who were sharing the apartment, were always very friendly and invited me in, they never agreed to be interviewed. The atmosphere was always friendly and noisy – with the men usually drinking beer and talking loudly. Thus this one afternoon on the balcony there was so much noise that I did not immediately realize there was someone downstairs honking a car horn. One of the men signaled to me and pointed down, to tell me that there was a Latina woman yelling up from the passenger seat of a car. I could not hear what she was saying because of the noise, and the guys inside were laughing very hard. I asked what was going on and one of the men told me: "*ella está preguntando si quieres business."* (She's asking if you want 'business'). When I asked what that meant, the man could barely reply because he was laughing so much, but he said: "*Pues si quieres culiar."* (Well, if you want to 'screw'). I often had a hard time understanding these men, not only because they had often been drinking, but also because they were all from the same area in Mexico and often peppered their Spanish with indigenous words from the Otomi language. Yet another time, a male interviewer working in the neighborhood one evening observed a

truck arrive in *La Maldita* driven by man. The truck dropped off three CSWs at different points in the complex looking for business.

Hispanic men agree that having CSW visiting the neighborhood is something new to them and this supports their idea that CSWs are more easily available here than in their home countries. A 32 year old Mexican man said: *"Este país es más liberal en cuanto al sexo y es más fácil encontrar prostitutas porque ellas vienen a tu apartamento o se te ofrecen en la calle. En mi pais, si quieres tener sexo con una prostituta tienes que ir a buscarla."* (This country is more liberal with regard to sex and it is easier to find a prostitute because they come to your apartment or solicit you on the street. In my country, if you want to have sex with a prostitute you have to go find one).

It is interesting how some men may even see themselves as "victims" of the CSWs due to the active way CSWs solicit them for sex. As one 32 Mexican man put it: "*Las prostitutas son muy astutas y se aprovechan de nosotros cuando estamos tomados... ellas saben que somos mas débiles y que no les vamos a decir que no cuando estamos tomando y ahi es cuando vienen."* (these prostitutes are very smart and they take advantage of us men ... they know we are weaker when we are drinking and that we will not say no and that is when they come). With regard to availability of CSWs, participants in the CBPR group also stated that, even though prostitution is illegal in the US, solicitation door to door make it easier for Hispanics to use prostitutes and it also makes it more risky for getting infected with sexually transmitted diseases because there is no one giving tests to the CSWs to make sure they are clean.

It is important to note that while evidence of social disorder abounds at *La Maldita*, there are also a number of social forces promoting order. For instance, not all

out-door activities involve disorder. Men also gather outside to play cards – poker and other games. Sometimes they play while drinking beer, but they also often play and just drink soda. Card games are an important form of entertainment not only for the men playing, but also for the groups of men who form around them, who watch, chat, and tell jokes around the game. These games and informal groupings, whether or not they involve alcohol, represent a setting where social support takes place for men living in *La Maldita* as we will discuss in the next chapter. While the discourse covers a wide array of topics and can be sexually charged at times, men often share their stories and their problems with one another, sometimes to the point of crying, and do their best to comfort each other.

Also, when the sun begins to set and it cools off in the evenings you can see groups of men playing soccer in a field down a path from the back of the complex. They also play soccer and sometimes volleyball in a small patch of yard between a couple of the buildings. Impromptu games form with men coming and going – when one tires or is called away someone from the crowd watching will take his place.

It is also common to see small groups of men working on repairing cars together. On any given weekend there are generally at least one or two cars being worked on. Many residents have their own tools, and usually two or three men work together on the cars. Being free to work on repairing their cars in the parking lot is another reason residents like about La Maldita and they are aware that other apartment complexes do not allow them to do that. People also work on their bikes outside. There is a resident bike repairman who buys bikes secondhand (possibly stolen) for five dollars and repairs them with rudimentary tools and sells them for twenty five dollars. People ride their bikes to

the Laundromat or more commonly to the supermarket or a Honduran grocery/restaurant, both of which are about eight blocks away. The supermarket sells many Mexican/Latino products like corn meal, beans, etc.

It is also very typical to see people sharing rides in *La Maldita*. In fact, it is very unusual in *La Maldita* to see people driving alone. Instead, traffic into and out of *La Maldita* is overwhelmingly pairs or groups of people, as those with cars give others a ride to shopping, work, the Laundromat, and so on. While most *La Maldita* residents have cars – it can be difficult to find a place to park on weekends and evenings – there are so many people sharing apartments that there are always some who don't have their own car.

In addition, neighbors know a great deal about each other's comings and goings. When looking for subjects to do interviews, for example, I would often knock on a door and get no answer. Most of the time, the neighbors would tell me where the person was, and when he or she would return, including if they were out of town for work or visiting relatives. Thus, people know each other and each other's schedules and keep an eye on one other.

There are also a number of services available in the neighborhood. In addition to local women who cook and sell tamales to residents, there are also a couple of people who cut hair for residents. There is one woman who works in a beauty parlor during the day and cuts hair at home in the evening. She has the salon chair and mirror set up in her living room and usually has a line of people waiting for her ten dollar haircuts. There is also a man who periodically gives haircuts outside on the first floor porch of his apartment, free of charge for his friends.

And finally, a church van circulates Sunday afternoons to bring people to mass. Most residents attend religious services at Immaculate Conception which is a catholic church. Jehovah's Witnesses and other religious groups (overwhelmingly Spanish speaking Anglos) go door to door trying to convert and attract congregants. Mobile food vendors also frequent the neighborhood, selling things like *elotes* (corn on the cob prepared with lemon juice, chili, and other spices), *tamales*, and ice-cream. There are also at least 2 homes where they sell sodas and one that sells cigarettes. Women in the neighborhood also cook tamales to sell to neighbors. A mobile library truck also frequents the neighborhood, and a police car is stationed at one of the entrances all day on most days.

Los Coloniales

Los Coloniales serves as an interesting point of comparison to *La Maldita* because the conditions of both physical and social order are so much better there. *Los Coloniales* contains 510 housing units which are 2 story, 2 bedroom town homes in groups of 6 that occupy several streets. As such, there is no main entrance or gate, but rather 3 different streets that enter the neighborhood. The main rental office is on site with personnel 6 days a week. Maintenance requests are reported to be treated quickly. The complex also has a number of amenities, including a community service room with laundry facilities and group meeting space, a swimming pool, and small field. The town home blocks have small front yards and small back yards – strips of green with a tree or two - that are maintained by the apartment managers. All units have marked parking spaces in front. The neighborhood is clean and well kept with a number of large trees and other

landscaping, and is more racial integrated than *La Maldita*. *Los Coloniales* is roughly 50% Latino, 30% African American, and 20% Anglo American. The neighborhood is bounded by highways and a shopping complex, and there are no other neighborhoods within walking distance, but several other nearby complexes (like The Mews and Windsor Apartments) also have growing Latino populations. Overall, the neighborhood has a much more closed feeling – not as public – as *La Maldita*.

Physical disorder in Los Coloniales

The comparison between *Los Coloniales* and *La Maldita* is particularly striking with respect to physical disorder. While *La Maldita* is noisy and strewn with trash, *Los Coloniales* is tranquil and clean. Yards are very well maintained, there are no broken windows, and no people fixing cars outside. There are street vendors – an ice cream truck and a man who sells *elotes* (corn on the cob, Mexican style), sold from the trunk of his van. Another woman makes tamales at home and goes out Saturday and Sunday afternoons selling them door to door. But there are no card games, hanging laundry, or purveyors of stolen goods. You see more kids outside in *Los Coloniales* than in *La Maldita*, because there are more families there, but the children do not often play outdoors. They are seen mainly when they are coming or going, getting into or out of the car. One house of White American stands out because of numerous cigarette butts outside front door – notable because rest of neighborhood is so clean.

The parking lot is full of work vans – van with company logos (painting, carpet installation, landscaping), work ladders, and landscaping tools. Roughly one in five

houses has one of those vans parked out front. Men often played soccer in a field located in the neighborhood.

Social disorder in Los Coloniales

The comparison is also stark with respect to social disorder. In *Los Coloniales*, there are seldom big groups of people outside. People can be seen walking back and forth to the main office, walking their dogs, etc. But people do not congregate outside. They do not have balconies and there is no central arena like the main square parking lot of *La Maldita*, only the street in front of their homes. Likewise there are no roofs to protect outdoor spaces in inclement weather. But even when the weather is fair, people do not socialize in big groups outdoors.

Sexual Risk Behaviors in Los Coloniales

The atmosphere of CSW use also differs dramatically between *Los Coloniales* and *La Maldita*. In *Los Coloniales*, CSW do not come door to door canvassing the neighborhood. One respondent said he preferred going to brothels because "*Me da verguenza que hay muchas familias aquí."* (It's embarrassing because there are many families here). CSW do visit but more discreetly. One interviewer who worked in the neighborhood was told by resident men that people gave out business cards that appeared to be other goods but that were really CSW. For instance, one respondent gave him a card that had a man's name (the nickname *El Chato*), a phone number, and the description "*productos finos para caballeros*" (Fine goods for gentlemen). *El Chato* was a pimp who would then send a CSW to the apartment of interested men.

Once while in the field I knocked on a particular door in *Los Coloniales* a number of times with no answer. I later saw a Latina looking woman leaving the apartment holding a tray covered as if it had a cake. I again knocked on the door and this time a man living there opened. While doing the interview, he said that the woman who had just left was a CSW who came after he had called a phone number off a card.

Thus while CSW use was still common in *Los Coloniales*, it was far more discreet than in *La Maldita*. The location of brothels or *"casas de citas"* circulated among men, who generally left the neighborhood for commercial sex. In a similar fashion, business cards claiming to be for other services but widely known to be advertising CSW circulated, and the women who responded to the calls dressed discreetly so as not to call attention to themselves and their trade.

As in *La Maldita*, there is also evidence of social networks and social order in *Los Coloniales*. As in *La Maldita*, it is very common to see cars coming and going with multiple passengers, as ride sharing is the norm. The many work vans parked in the neighborhood seldom leave with a single driver, both in the morning when the men leave for work, and also in the evening when they share rides to do errands and shopping. It is also common to see families coming and going on the weekends, presumably going out to visit friends, or just coming back. There appears to be a great deal of socializing with people outside the neighborhood.

Summary

In sum, in this chapter I show that the apartment context is a central element of HIV risk among migrant Latino men. Apartments vary widely in their level of physical

disorder: apartment complexes like *Los Coloniales* are orderly and well maintained while others like *La Maldita* are very run down with numerous signs of disrepair. The atmosphere of "broken windows" in *La Maldita* makes residents want to leave as soon as possible. They view their stay there as temporary, as a place to stay until they become more settled and/or are able to bring their families to join them. Thus, most of the residents do not feel attached to *La Maldita* and don't invest as much in the community as they would if they lived in a better environment. Rather than working to improve conditions there, they just put up with them until they are able to move somewhere better.

Apartments also vary widely in social disorder: in complexes like *Los Coloniales* families predominate and the atmosphere is quiet and orderly. In places like *La Maldita*, on the other hand, unaccompanied men dominate and the atmosphere is unruly, with public drinking, open presence of CSW, high levels of noise, the open sale of stolen goods, and so on. As people become more settled or bring their families move on to better environments, unaccompanied men are left behind, fueling a process of self-selection by which elements promoting social disorder are concentrated in *La Maldita*. This environment heightens HIV risk not only because CSW are more readily available in *La Maldita*, but also because of the perceived lack of social control. One young single Mexican man summed it up perfectly: *"Los hombres cuando vienen aquí sin la familia sienten como que nadie los está aconsejando. A nadie le importa lo que uno haga."* (Men when they come here without their families they feel like no one is guiding them. No one cares what they do). In more orderly places with more families, unaccompanied men restrain themselves more from open use of CSW because they feel it is disrespectful in the family atmosphere, even if their own families are not present. Another factor that

may heighten sexual risk behavior is the higher rates of depression among unaccompanied male migrants. When feeling depressed, many migrants tend to abuse alcohol and have higher exposure to CSW soliciting in the neighborhood.

While recognizing the importance of physical and social disorder in structuring HIV risk, it is important to view these things from the perspective of the people who participate in them. Most migrant residents view signs of physical and social disorder in a negative light, but this is not always the case for all the academic views of disorder. The name *La Maldita* (The Cursed Neighborhood) reflects what most Latino migrants think about the neighborhood. When asked about why the neighborhood goes by this name, respondents agree that it is a name that sums up all the sad and ugly things that go on in the neighborhood. They especially mention the crime, beer drinking, excessive noise, and open use of CSW that go on there. Yet other signs of physical disorder such as laundry hanging outside the apartments and street vendors are considered positive and desirable. Likewise, men gathered in groups outside not doing much of anything is legally defined as loitering and viewed by social scientists as evidence of disorder. However, the men themselves view it quite differently. For them it is one of the only outlets for social interaction available to them. Even public drinking, which often occurs in groups, is not a clear cut case of social disorder from the migrant perspective. It is considered a sign that people are happy and getting along. Once these groups of men start drinking and listening to music, they will often invite neighbors and strangers you to join them. Also, it is often during these exchanges that social and emotional support is provided between male migrants.

Thus it is important to consider the function that some elements of disorder may serve for this particular population, rather than merely labeling everything as negative. The role of these forms of social interactions – whether traditionally viewed as disorder or not – will be a central theme in the next chapter. It is also important to not overstate the causal link between disorder and HIV risk among this population. While the atmosphere in *La Maldita* undoubtedly contributes to HIV risk among migrant men, the circumstances that arose there and migrants' HIV risks both result from the larger issue of the marginalization of migrants in Durham. The fact that the overwhelming majority of migrants are undocumented, work in unstable jobs, and operate on the brink of poverty both heightens their risk to HIV risk and contributes to the disorder of the neighborhoods in which they live. This is another theme that will be revisited in the next chapter.

CHAPTER 5

SOCIAL RELATIONS AND HIV RISKS FOR LATINOS IN DURHAM, NC

The analysis in the previous chapter focused on the neighborhood factors affecting health risks among the Durham Latino community. I now focus on the role of social support in protecting or enhancing an individual's exposure to HIV risk behaviors. Data on how migrants perceive the role of social support comes from 12 in-depth interviews conducted with Latino community members (seven men and five women) and three in-depth interviews with leaders in the Latino community, are listed in Table 7 and Table 8. Another 14 in-depth interviews were conducted with the members of the CBPR group and are listed on Table 9. Some CBPR group discussions also had data on social isolation and social support (Appendix H). I also use data from field work and informal interviews conducted with residents in *La Maldita* to describe the social support needs of recent migrants, and how the social relations men create in the neighborhood address these needs. In the last part of the chapter I examine how the social support needs and social relations connect to HIV risks.

Table 7. In-depth Interviews with Latino Community Members

Code	Sex	Country	Age	Marital Status	# of Children	Years of Education	Occupation
MM-01	Man	Mexico	49	Married	3	6	Construction
MM-02	Man	Mexico	51	Married	5	6	Construction
MM-03	Man	Mexico	32	Married	2	4	Construction
MM-04	Man	Mexico	28	Married	2	6	Construction
SM-01	Man	Honduras	20	Single	0	6	Restaurant
SM-02	Man	Mexico	21	Single	0	8	Restaurant
SM-03	Man	Mexico	27	Single	3	8	Construction
MW-01	Woman	Mexico	35	Married	2	15	Housewife
MW-02	Woman	Mexico	35	Married	2	12	Hairdresser
MW-03	Woman	Mexico	37	Married	5	9	Cleaning
SW-02	Woman	Mexico	32	Single	2	9	Cleaning
SW-03	Woman	Mexico	18	Single	0	12	Cleaning

Table 8. In-depth Interviews with Community Leaders in Durham - Demographics

Code	Sex	Country	Age	Time in Durham	Role in the Latino Community
CL-01	Man	Colombia	36	9 years	Ex-Director from El Centro Hispano
CL-02	Man	Poland	38	4 years	Catholic Priest Immaculate Conception Church
NH-01	Man	Mexico	42	9 years	Neighborhood leader

Table 9. CBPR Group In-depth Interviews

Code	Sex	Country	Age	Marital Status	Children	Education	Occupation
001MB	Man	Colombia		Separated	3	15	Employee
002AF	Man	Mexico		Married	2	6	Cleaning
003AH	Man	Honduras		Single	0	9	Construction
004CC	Woman	Mexico		Single	1	9	Cleaning
005SF	Woman	Mexico		Married	2	15	Housewife
006AO	Woman	Mexico		Married	2	9	Childcare
007BB	Woman	Peru		Married	1	15	Homecare
008TP	Man	Peru		Married	1	15	X-Ray Tech
009LH	Woman	Mexico		Separated	3	12	Childcare
010AS	Woman	Mexico		Married	2	15	Homecare
011JO	Man	Mexico		Married	2	15	Employee
012GH	Man	Mexico		Single	0	9	Construction
013AJ	Woman	Mexico		Married	3	9	Housewife
014CP	Woman	Mexico		Married	3	9	Employee

Migrant Needs and Migrant Gateways: The Role of *La Maldita*

To better understand how social support influences migrant's HIV risks, it is important to first describe the world and needs of recent migrants as they adjust to live in Durham. The disruption of social bonds has a number of immediate practical consequences when migrants arrive to Durham. They often arrive in debt, after having paid a steep price to cross the border, and must literally find help to put a roof over their heads and food on the table. *La Maldita* is one of the few places in Durham where newly arrived migrants can go, without knowing anyone, and find a place to live and eat for free while they get established. The story of one young Mexican informant is telling. He had no family or friends to help him settle in any particular place in the U.S., and originally planned to migrate to Miami where he knew many people spoke Spanish. But once in the US the coyote (the person migrants pay to help smuggle them into the country) demanded an extra $1500 to take him to Florida. Since the migrant did not have the extra money, the coyote brought him to Durham, and dropped him off in *La Maldita*. Not knowing a soul, he found a place to live in an apartment with three other Mexican men younger than him. He said he was very grateful that they gave him the opportunity to stay with them even though he had to sleep on the floor in the living room. A plastic bag with a change of clothes is all that marked his space. With this arrangement, he did not have to give any deposit and did not have to contribute to towards paying the rent until after he had received his first pay.

Another Mexican man, who was married but migrated without his wife seven years ago, told of how when he arrived he knew no one in Durham who could help him. He arrived in *La Maldita* and got room and board from a complete stranger – a co-patriot

from Mexico. With time, he became more established financially and was able to rent an apartment in *La Maldita* with two men from Mexico who arrived after him and had no friends or place to stay. He took on the responsibility to give back to others and made room and provided food for new arrivals. Mexicans call this "*dar la chance"* or "*dar la quebrada"* - literally "to give someone an opportunity." If there were too many newcomers who came at the same there and he was not able to physically accommodate them in his apartment, he used to ask around in the neighborhood to see if others could find a place for them to live temporarily. There was an unwritten rule in this system, that in the first month or so after arrival when men were still trying to find a job, they did not have to contribute to rent, utilities, or food. But once they got a job, the migrants were expected to pitch in as much as they could, and when they themselves were better established, they were expected to provide the same kind of assistance to other new arrivals.[1]

In addition to providing new arrivals with food and shelter, *La Maldita* also provided migrants access to another key to survival: employment. Migrants need help to both find a job and to find a means of transportation from home to work. As one young Mexican resident put it: "One comes here (to the U.S.) to work... and that is why you need to protect your job and make sure you have a ride to go to work." Almost all migrant men in *La Maldita* were employed, and they imparted information on job openings and opportunities to newcomers. More often than not, they used to bring these

[1] This open arrangement has risks. There have been cases reported of men who opened their homes to new arrivals only to be robbed by them, or of people who did not contribute to the apartment expenses even after they were working, or of men who ran up a high phone bill and then departed. Some La Maldita residents refused to take in unknown migrants for these reasons. But by and large the atmosphere at La Maldita was one where new migrants who arrived empty handed and had no connections could immediately meet their basic needs for survival.

newcomers to their workplace and introduce them to their bosses, helping them secure their first job.

Besides helping migrants find a job, neighbors in *La Maldita* also provided essential transportation to and from work every day. This service was often as important if not more so than helping them get hired, for without transportation it was virtually impossible for newly arrived migrants to hold a job. Those who gave rides generally did not charge directly for these services, but exchanges were made in a variety of ways. The migrants shared rent, and ride-takers often chipped in for gas, or helped with auto maintenance and other types of services. A young migrant from Honduras said:

> I always give rides to neighbors who ask me... whether they need a ride to go grocery shopping or to do their laundry, I always do. I remember when I first got here and did not have a car, I had to ask friends and neighbors for rides myself, and I found good people who helped me out. So I think one should be a good person and help others too. Of course, there are people who do not want to help or cooperate... they are bad people. But I never say no when someone asks for a ride... and I also drive one of my friends to and from work everyday and he does not have to pay me for that, he just contributes $20 or $30 a week for the gas. (Young Honduran Male)

Another essential need related to employment that was facilitated by living in *La Maldita* was access to the fake IDs necessary to be hired on payroll. Neighbors in *La Maldita* provided migrants with the name or phone number of people who could provide fake IDs and document forgers used to regularly come to the neighborhood to produce the documents.[2] This entailed taking a Polaroid photo outdoors, cutting the Polaroid to size, sticking it to a color Xerox of a green card, and laminating with an inexpensive

[2] Following the immigration legislation of 1986 (IRCA – the Immigration Reform and Control Act), all new employees must offer proof of eligibility for employment. Employers are required to view this proof – such as a U.S. birth certificate, social security card, or green card – and keep a copy of it on file. While the documents seem like obvious forgeries, they may give employers the appearance of adhering to the law.

adhesive available at office supply stores. The documents were obviously of poor quality. The Polaroid photos were often poorly cut, the color Xerox was of low quality, and the adhesive was not cut in perfectly straight lines. The resulting documents were printed only one side and did not even attempt to mimic the complicated forgery-preventing devices in real green cards. The price for obtaining these documents varied from $60 to $85 per green card. Some said that higher prices indicated better quality but the cards that I observed were all equally badly made. The people who sold these cards were also Mexican and poorly educated and were only slightly better established than their customers. Poor quality photocopies of social security cards were also available.

Another essential need met by residence in *La Maldita* was access to a phone line so that recent migrants were able to communicate with their families back home. When I began my field work in Durham several years ago it was connection to a land line that migrants were afforded after taking up residence in *La Maldita*. Obtaining a land line usually required some form of credit, proof of employment, or a substantial deposit, which were all things that recent arrivals did not have. Thus, having access to a roommate's or neighbor's phone line was a critical necessity. More recently, cellular phone service has surpassed land lines as the preferred method of communication among migrants. But again, access to cell phones requires credit or cash that most recent arrivals lacked.

Crossing the border is a dangerous and time-consuming task, and migrants are seldom able to communicate with their families during the crossing. One informant described crossing the dessert in 14 days. He came from Oaxaca and paid $ 2,500 to a "*coyote*" to bring him to the U.S. He said the coyote promised that this money would

cover everything, including food during the trip, but he complained that they ran out of water to drink while crossing the desert. For one week they had to survive drinking stagnant water from little puddles in the ground. When they finally arrived in Houston, the coyote kept them in a safe house, but they were not allowed to go out or stand at the door or look outside through the window. He wanted so badly to communicate with his family but he was not allowed to use the phone either. His family literally did not know if he was dead or alive until he was able to call from Durham. Thus finding a means of communication was an urgent instrumental and emotional need upon arrival.

Even once the family has been contacted and knows the migrant has arrived safely, continued regular communication with home was very important to migrants. People felt a strong need to connect with families and to tell them of their lives even when things were going well. When migrants are under stress, as they are when they first arrive, it is even more important. Keeping in touch with family back home has been essential to the emotional health of migrants, and access to phone lines that migrants get through living in *La Maldita* has been a central instrumental need.[3] A Hispanic migrant who worked as a contractor and recruited his workers from *La Maldita* explained it to me this way:

> These young people are hard workers but you have to understand them and help them if you can. They often ask me to use my cell phone to call home. They are here, far from their families, and calling home something that they look forward

[3] Yet, phones were often a point of conflict among apartment-mates. Some people would provide food and rent subsidy to new arrivals, but drew the line at paying for phone calls, which could be quite costly. New arrivals sometimes moved on before the phone bill arrived, leaving their former host with a high bill they were unable to pay. It was very common to have phones disconnected for non-payment, and migrants changed phone numbers often. In recent years, cell phones have increasingly replaced land lines, and as cell phones are usually carried by migrants, their use is easier to control making it harder for strangers to run up high bills. As soon as migrants have an income, a cell phone is often one of the first things they purchase. Still, there is an expectation that friends will share their cell phone as part of the support exchange.

> to at the end of the week. So I always help them and let the use my phone. Of course, sometimes it does not go well, they call home to find only problems and complaints and they get depressed. But nevertheless, they always want to call every weekend. (Hispanic migrant)

Migrants in *La Maldita* also provided rides to places that included the grocery store, laundry, and flea market for newcomers. These rides were not as essential because there were grocery stores and laundry facilities that were within walking distance and where people could walk 15-20 minutes in case there were no rides available. Because the need for these rides was more intermittent -unlike the daily ride to and from work - newcomers were able to tap into a wider network in the neighborhood, not just their room mates.

Migrants, especially those who migrated directly from their countries of origin to Durham, lacked basic information about how things worked in the United States and how to get by in English. *La Maldita* also provided migrants with information vital to their survival. In addition to information about job openings and how to get the forged documents necessary to obtain a job, described above, connections in *La Maldita* gave migrants a slightly broader view of employment opportunities in Durham. Migrants would spread the word about employers who did not pay salaries or who in other ways abused their employees. Migrants compared notes on what different jobs paid, and were often able to find better paying or more stable work through these networks over time. For instance, one afternoon I was talking to an informant from Mexico when he received an invitation to go work in construction. Another Hispanic man was recruiting workers in the neighborhood, but the informant declined to go. He did not have a job yet, but said the he preferred to wait for a better offer because this recruiter did not pay well and only

offered part time jobs. My informant said: “He (the recruiter) thinks he is the only one who has job to offer, but he does not give you a good deal. He wants you to work brick – which is very hard, and he pays only $7.50 an hour. Plus, he only gives you two or three days of work during the week. So, I would rather wait and see if I can join my neighbors who said there may be an opening at the place where they are working now.”

Upon arrival, migrants had to learn to navigate their immediate environment in order to purchase food and other necessities. They also had to learn the basics on navigation from their neighbors in *La Maldita*. They tended to learn everything by sight as well as through people giving them descriptive directions. It was unusual for them to have maps or other more formal types of information about the local landscape. They often literally only knew about the things they saw for themselves. Because new arrivals were often fearful of exploring on their own, they were dependent on more established migrants to show them around. As a Mexican man who had been in Durham only for four months said: “I just walk to the grocery store down the road to buy what I need for my lunches. I know it may be more expensive to buy there, but I do not have a car and I do not know my way around well enough to be able to ride the city buses.” The experience of other *La Maldita* residents is also central to migrants learning other types of general information, like how and were to get a cell phone, how to buy a car, how to operate the laundry machines, and so on.

Whether or not men were married or in a union, migration entailed a jarring separation from family and friends, and a severe disruption of emotional support. The typical male migrant in Durham arrives unaccompanied, either as a single man or as a married man whose wife remains in their community of origin. They described feeling

disconnected from their loved-ones, and viewed their experience as one of supreme sacrifice, where they suffered in order to provide a better future for their families. For instance, a 36 year old man who arrived in Durham from Oaxaca, told me it had been very difficult for him to be separated from his family. He had been in *La Maldita* for four months and left his wife and three children behind. "If it were for me," he said, "I would go back (to Mexico) right now. But I have a family that is counting on me for sending them money for their support... one cannot afford all the sacrifices I went through just to quit now."

Re-establishing emotional support after migration is a very difficult task, because usually people must know each other for some time before they can establish the kind of intimacy and trust required for the exchange of social support. However, as most of the men living in *La Maldita* considered themselves to be in the same boat, there was a considerable amount of emotional solidarity between them. So, while many recent migrants reported feeling isolated and lonely, living in a place like *La Maldita* did offer some minimum of emotional support to them.

Evidence of this support was readily observable on visits to the apartments. On a typical evening or weekend in *La Maldita*, for instance, there were numerous men sitting outside in small groups, drinking beer, listening to music and chatting loudly. While public drinking is an obvious sign of social disorder in the community, it is also one of the types of interactions that frequently provide migrants with the emotional support they crave. Groups of men were often drinking outside of their apartments for long hours starting in the early afternoon till late at night. There was usually a small primary group of men who used to drink for a few hours while there were other men who would pop in

and drink a few beers before they went off. When a friend or neighbor passed this group, he was definitely invited to join the group for free beer and conversation. The topics of these conversations primarily centered on migrants' frustrations and sorrows about being in the U.S. It was very common for others in the group to comfort and offer support to one another. At times, there were also physical displays of support such as hugs and pats on the shoulder.

For instance, a Mexican man who had been in *La Maldita* for seven years told me that living in the U.S. was a very miserable life. He had three children in Mexico and sent money to them so that they were able to get a good education in Mexico. He did not plan on bringing them to the U.S. because he said that life was very hard here and he thought that they were better off in Mexico with the money he sent to them. Another time, a Mexican man who was very drunk was looking sad. I was told that the reason was that he had called home to Mexico and found out that his children in Mexico were not behaving and his wife had complained to him about his children. The other men were drinking with him and trying to comfort him. They put their arms around his shoulder and talked to him. I could not hear what his friends were telling him but one of the men told me that it was very common to call home and to find bad news or complaints.

Emotional support was also offered in card games. In *La Maldita*, groups of men playing cards were commonly seen in public especially in the late afternoon during the warm months. Betting on card games was always done with a maximum of one dollar per game as they were not there to make money but to have fun. One man told me that they played these card games to occupy their time on the weekends, waiting for Monday and a new work week to start. Sometimes these groups of men drank beer while they played

card games but more often than not they drank soda. There were also generally spectators watching the card game. The conversations between the men during these card games were usually filled with sexually charged teasing as well as talk about job related issues (e.g. how much they are being paid, how late they have to work, and what work they are doing). These conversations tended to be more light-hearted and not filled with the doom and sorrows of the beer drinkers. For instance, one group of people was talking about their friend who was caught at a supermarket by the Immigration and Naturalization Service (INS), and who was going to be sent back home to Honduras. One of the men said that when he goes to the supermarket, he goes by himself and not in groups as he thinks that the INS only targets men in groups. Another man jutted in trying to tell him that it did not matter whether he went to the supermarket alone or with friends as "if this is the day you are going to be caught, you will be caught no matter what." Yet a third man said "I try not to worry too much about it and I walk the streets confidently because I know they know where we live and if they want to get us, they will come here to get us." Being picked up by the INS and deported was a common source of anxiety among migrants. Having the opportunity to talk about it with others in a similar situation has also been an important aspect of emotional validation, and has helped relieved some of the stress of undocumented life.

While certain forms of rudimentary emotional support are thus readily available in *La Maldita* –migrants can share their story and receive sympathy and encouragement simply by stepping outside and picking up a beer or a deck of cards – deeper emotional needs often go unfulfilled. A young man from Honduras put it this way: "people here cannot really give you sincere friendship... everybody here is just trying to make money,

so in a way they become material people". Also, the emotional support received by family members may be difficult to replace with that of friends and casual acquaintances. When I asked a Mexican man how often he visited friends in Durham he replied "here in the U.S you do not really have friends, you just have acquaintances." Most migrant men I talked to reported feelings of loneliness and depression and said they did not have anybody to talk to in Durham. It was also a common occurrence for them to fight back tears when talking about their family during the course of the interview with me.

In sum, migrants arrive to Durham in great need of social support, right at a time when the actual support available to them is often at the lowest level they have ever experienced in their lives. Self-reliance is almost impossible under these circumstances. Re-establishing social connections and forging new networks of support is thus of paramount importance to migrants' survival in their new environment. It is within this context of great and immediate need that immigrant gateway neighborhoods such as *La Maldita* come to take on such importance, because the concentration of migrants there provides important and immediate access to key elements of social support such as information, instrumental help and, to a certain extent, emotional support.

Social Support and HIV risks in *La Maldita*

Loneliness, depression and idle time

To explore the effects of social support on sexual risk behaviors, I compared the explanations that residents in *La Maldita* gave to some behaviors (issues such as choosing to live in the neighborhood, influence of friends, use of idle time, depression, alcohol drinking and use of CSW) with the explanations given by non-residents in *La Maldita* and with my own observations of how men interact in the neighborhood. Examples of this process can be seen in Table 10. The idea is to come up with an explanation that includes how men perceive their behavior while reconciling discrepancies between different accounts.

No migrant arrives to Durham to have all of their social support needs met. While most migrants are able to meet their basic instrumental and informational needs in *La Maldita*, emotional needs are far more difficult to satisfy. Many men reported a profound sense of social isolation that was not necessarily lessened by co-residence with other immigrants. For instance, a Mexican migrant in his early 30s moved to *La Maldita* in the late 1990s and took up residence with a group of co-patriots in their early 20s. While still young himself, he did not feel that he fitted in with his roommates, who did not always include him in their plans and often came and went without talking to him or even registered his presence. He reported being very depressed and felt that he had no one he could rely on.

Table 10. Explanatory Effects Matrix: Social Support and Sexual Risk Behavior

Codes	Resident Version	Non-Resident Version	Researcher Explanation
Neighborhood	"Living in *La Maldita* is good because people here help each other out"	"*La Maldita* is the worst place to live because there is a lot of drinking, crime and CSW"	Most migrants in *La Maldita* do not have other support networks, there is interdependency.
Friends	"I invite my neighbors to play soccer, but some of them prefer to stay and drink"	"It is your friends who lead you down the wrong path"	Friends do expose migrants to alcohol and CSW, but also to healthy activities like sports. Migrant who abuse alcohol tend to be feeling lonely and depressed
Idle Time	"I miss what I used to do with my friends in my free time"	"People in *La Maldita* have a lot of free time, that is why they drink and use CSW"	Migrants work and have actually little free time. They call home on weekends and often get depressed after this
Alcohol	"Friends invite you to drink and sometimes it is hard to say no"	"People choose to live in *La Maldita* because they like to drink"	There are actually men who moved to *La Maldita* to escape friends who drink. Friends provide support but also increase exposure to alcohol
CSW	"The CSW come and solicit us when we are drinking beer because they know we are weak and will say no."	"People choose to live in *La Maldita* because they like to party and use CSW"	Alcohol may be related to use of CSW, but in the neighborhood CSW are "regulars" and solicit groups of men who already know them
Depression	"Men here drink a lot when they feel sad after talking to their family on the phone"	"Men drink to drown their sorrows in alcohol, but they also drink to celebrate when they are happy"	I observed that while a lot of men drink in the neighborhood, those who are really abuse alcohol look always unhappy and complain about their sorrows
No guidance	"Friends that have been here longer show you what to do in the U.S."	"Young people come here and they do not have family to tell them what not to do. They feel like nobody cares what they do"	Friends offer some type of social support but they do not exert informal social control

Feelings of loneliness and depression were present in some degree among most unaccompanied migrants, at least until they got more settled. Also, men who have no close friends or family in the area reported not having anything to do during their free time, and thus drinking with neighbors and casual acquaintances was often the only social outlet available to them. These themes were raised repeatedly during CBPR group discussions. Most CBPR members agreed that one of the reasons men drank was "because they feel lonely from being far from their families and they drink to try and drown their sorrows." This problem was often framed as an issue due to a lack of social activities to occupy men's idle time. As one member of the group put it, "(migrant men) never drink at work because it is not allowed and they are afraid of losing their jobs… it is during their idle time that they drink, maybe because they have too much idle time." As another put it, "the men get home from work and there is nothing to do except drink beer and watch TV. When they were in their home country, they could just go out and meet with friends and play soccer, but here men cannot find organized activities to spend their idle time."

However, the focus on idle time only tells part of the story. What I observed in *La Maldita* is that migrants had relatively little free time compared to their non-migrant counterparts. They tended to work long hours, often at more than one job. Still, I found many of them drinking in whatever little time they had, usually over the weekend. Some men drank even when they had the opportunity to participate in organized activities. A Mexican man, who was a former resident of *La Maldita*, explained to me: "it is not just that they have nothing to do, some men actually start drinking right after playing a soccer game with their friends. …it is like a way to celebrate. Some men drink if they lose the game and they also

drink when they win...either way they have an excuse." Another man from Mexico, a 22 year old who lived in *La Maldita* for nearly two years said that he played soccer every weekend and complained that he was never able to get someone from a group of men drinking in his neighborhood to go play with him: "I sometimes invite them to come along and play soccer with me, but they won't listen… they know some of us are playing soccer and they can join us any time, but they prefer to keep drinking".

Thus, it seems it is not idle time per se, but the combination of idle time, loneliness and depression, and a lack of emotional support that triggers binge drinking in the migrant context. The comments of a local Mexican labor recruiter are a good example of this phenomenon. I met him in *La Maldita* one afternoon while he was drinking with a group of men. He usually came to the neighborhood on the weekends and spent time drinking with men there while he recruited some of them to work with him during the week. When I explained that I was trying to understand what drove immigrants to drink so much, he belittled the topic, saying it was not worthy of university study because the answer was so obvious. He said that most men called home during the weekend and got depressed after they heard complaints from their family. "These men suffer a lot. They struggle here to make a living for themselves and their families, and when they call home they do not always get happy news. Often times they call and get complaints about their kids not behaving, or that their wives are tired of waiting for them, so instead of finding support in keeping in touch with their family, they get depressed instead." According to him, it was not so much the hardships of daily life in the US that made migrants depressed. Instead, it was the burden placed on them from their families back home and having to shoulder their complaints and worries alone that drove them to alcohol: "They look forward to the weekend to call and

keep in touch with their families, but often times these phone calls just keep them in touch with problems… and their partners are thoughtless and complain a lot, not realizing that the men are far away and have no means to solve the problems… this is why all these men get depressed and drink alcohol."

The link between depression and alcohol consumption was also evident from my field observations. The men drinking both in their apartments and in public places did not make a festive or happy impression. Instead, the men often sat slumped in their chairs, their faces downcast, listening to *corridos* or sad love songs. They stared off into space or talked of their cursed lot in life. The sense of depression and sadness was everywhere.

Loneliness, depression and alcohol use were also tied to use of CSW. During group discussions, CBPR members said that the time when migrants drank was when they were solicited by sex workers. They said that CSW solicited in the neighborhood, targeting groups of men who were drinking. It is interesting that in the group's explanation, this targeting is seen as a form of victimization of men by CSW. One member of the group said: "…sex workers come to solicit men on the weekends when they are drinking in groups outside the apartments… they know the men are weak when they are drinking and they won't be able to say no."

During my field work in *La Maldita*, I had the opportunity to observe how CSW do business in the neighborhood. Contrary to the explanation that they go "door to door," I noticed that they used the group of men drinking or hanging out of the apartments as a point of entry. These women were no strangers in the neighborhood. I observed five white American and three African American CSWs who were regular visitors and acquaintances of many of the men in the neighborhood. In many ways, the women used the same strategy to

gain entrée into the community that I did as a field researcher: they would approach a group of men outside and casually hang out with them for a while in the corridor or the balcony. They usually knew some of the men outside, even if they were not doing business with them. They would chat and laugh and eventually use their cell phones and go into one of the apartments for a short while and come back out to continue interacting with the group of men. This gave them a reason to hang around, waiting for business, and also allows them to be introduced to new residents. It is often in this way that recent migrants are exposed to CSW in *La Maldita*, through casual introduction in a public setting.

Choosing to live in La Maldita

Most recent migrants came to Durham because they had a friend or family member who lived there and who offered them a place to stay while they made connections and found a job. Still, there were a sizable number of recent migrants who did not know anyone in Durham. As described above, they usually found a place to live in apartments that were occupied by other unaccompanied men in places like *La Maldita*. There was thus a constant stream of new arrivals in *La Maldita* with relatively few social networks.

New arrivals began making friends in the neighborhood and they sometimes moved with other friends according to personal preferences. There was a perception among Latino migrants that those men who drank a lot chose to move in together. As one Mexican informant explained to me "people who choose to live in *La Maldita* are those who like to drink and party a lot." It seemed more plausible though; that the main form of self-selection is that men who did not drink or could not tolerate a lot of noise moved out and searched to pair up with others of similar taste. A 41 year old Mexican man who I met in *La Maldita*

moved out after living there for seven years. He said: "I moved out because I need a calmer place. I have good friends there, but they drink a lot and stay up late making so much noise that you cannot sleep well. I do not mind that they drink on weekends, but on weekday nights I need to get a good sleep so that I can go to work early." Also, residents in *La Maldita* tried to assess whether men looking for a place to stay represented trouble with drinking and noise before they agreed to give them *'la quebrada'*. In turn, those looking for a place to stay usually tried to reassure the potential host that they did not drink and would not cause problems. Another important reason why people moved out of *La Maldita* was when their partners or children come to join them. A 32 year old Mexican man said that "…living in *La Maldita* was okay when I was by myself, but I moved out when my wife and my kids came to join me because this is not really a good place for your family to live."

With time, this permanent movement of people trying to avoid drinking and noise becomes a process of self selection which concentrates unaccompanied men who are at least somewhat tolerant of these forms of social disorder. Because *La Maldita* was a point of entry, new arrivals were immediately exposed to high levels of social disorder and behaviors such as alcohol drinking and use of CSW. While men who wished to avoid these behaviors may have wanted to move somewhere more tranquil, it was not always easy to do so, at least in the near term. It is thus common for them to spend several years in *La Maldita* before they were able to move out.

"Nadie aconseja": Nobody providing guidance

Another common complaint among male migrants in Durham was that separation from family left them without someone to provide guidance or "*aconsejar"*. When asked

why Latino men drank so much alcohol and used CSW in *La Maldita*, a young Mexican man explained: "There is no one here in the U.S. who can guide these young men... and so they feel as if nobody is watching, as if nobody cares." As most of the men were in the same boat – young and unaccompanied and similarly adrift with respect to moral boundaries – it was often difficult to find reliable feedback on one's behavior.

Perhaps more importantly, friends did not tend to exert social control on one another when it came to HIV risk behaviors, particularly drinking and CSW use. While some *La Maldita* residents did not approve of excessive drinking or CSW use, they did not often chastise others for engaging in those behaviors. Migrants had an inherent sympathy for one another, and the difficulties of living as an unaccompanied migrant in Durham. They therefore did not judge or condemn others' behavior, even if they thought it was harmful or self-destructive. While they may have regretted that their friends or peers did not join them in more constructive outlets, they did not exert social pressure on other men to change their behavior. In fact, the opposite was often true. When migrants drank together and one began to get very drunk, they would not suggest to him that he had had enough. Even if they ran out of beer and the drunken man went to buy more (there is an African American man who canvasses the neighborhood in the afternoons and evenings selling beer in the complex), they did not suggest that he stopped. Instead, they all kept an eye on him and pitched in to take care of him. If he was staggering around they got up to help keep him from falling. If he became belligerent or verbally abusive, they did not get angry or fight back with him. Instead, they told people who did not know him, "Don't worry – don't take it personally. He's just drunk."

Thus, this offering guidance or "*aconsejar*" was another type of social support that was not well met by residence in *La Maldita* since networks here were dominated by friends. When migrants were surrounded by only friends, as opposed to family members or elders who had a more direct stake in their behavior, there was no one to guide or pressure them into more socially constructive behavior. They were not embarrassed by frequent alcohol binges or CSW use because everyone seemed to be doing it, and because no one sanctioned their behavior.

Friends may lead you down the wrong path

The influence of friends was also considered a big factor in beer drinking and use of CSW among Hispanic migrants. During group discussions, members of the CBPR group agreed that in many cases, young men started drinking in the US when they got involved with friends who drank. As they put it, "it is your own friends who lead you down the wrong path" referring to the fact that it is friends who already drank and used prostitutes who invited others to join them. They said this was specially true for those who came here while very young: "the younger men are the most vulnerable to the influence of friends… they come here with little experience and they may not have a clear goal in life… they do not have a commitment to send money to their family back home."

Just as friends and neighbors in *La Maldita* connected migrants to information and job opportunities, they also connected them to information on how and where to find CSW. Even the most recent and isolated migrant had instant access to CSW, as soon as he was able to pay for their services, because information about how to access them was readily available. For instance, the 30 year old Mexican migrant described above, who shared an

apartment with other co-patriots but still felt isolated and alone, nevertheless visited CSW within the first month after arriving to *La Maldita*. While his roommates did not include him in their social activities, CSW visited the apartment frequently, and it was easy for him to take part.

A 42 year old Mexican resident of *La Maldita* also reported that the influence of friends was pivotal in beer drinking and use of CSW. He said "There are friends and there are (true) friends" meaning that some friends hung out with you just to have a good time and encouraged you to drink and party, while true friends were those who were really concerned about your well being. While it was viewed as anti-social and unfriendly to refuse a drink when it was offered to you, true friends would not put pressure on you to drink. "Men have to be careful who they make friends with – he explained, because some friends may actually be your demise." Other testimonials confirmed this reasoning, such as the one from an 18 year old Mexican man whom I met when he had just arrived to *La Maldita*. He explained to me the reasons for why he preferred to stay indoors in the apartment and not hang out with the men outside: "When I am not working I prefer to stay indoors and not hang out with neighbors because they are up to no good… they drink a lot and make a lot of noise. I have been here for three months now, and if I need to go to the store or to church, I walk there straight and come back and I don't stop to hang out with neighbors… this way I save myself a lot of trouble."

Some of the friends' influence may also relate to the dependency formed between migrants. A 36 year old man from Mexico explained what he has to put up with in this way: "I sleep here on the floor in this corner of the living room. It is not bad, but there are some nights that I cannot sleep well because my room mates are drinking and talking loudly. But I

have no other friends or family in Durham and I have been here only for four months so I have no choice. They have given me the opportunity to stay with them and I drive to work with them, so I have to let it go and wait for better times." New arrivals to *La Maldita* soon find themselves enmeshed in a system of exchange and support: they move in with fellow migrants who help shelter and feed them until they can find work. They introduce them to their employer and give them a ride to and from work every day. Migrants are therefore quickly dependent on their roommates. If the roommates are too rowdy or the environment is not to their liking -due to the presence of CSW or alcohol drinking, it is not so easy to change, because they literally risk losing their jobs. Over time, migrants can seek out others who are more compatible to get rides with, but their choices are relatively limited.

Social Support and Protection from HIV Risks in *La Maldita*

It is important to note that not all social support connects migrants to risk behaviors, just as not everyone succumbs to temptation and peer influence. Although most men in *La Maldita* participated in drinking alcohol, playing card games and hanging out in groups with their friends and neighbors, there were some men who did not. In particular, men who lived with their wives and children were not as likely to hang out with these groups of men. While in the neighborhood, they were usually inside their apartments. There were also a few unaccompanied men who chose not to participate in public drinking. For instance, the recently arrived 18 year old male Mexican migrant described above told me that he made it a goal to stay indoors at home on the weekends and not hang out with the other men on the balconies or the parking lot. Another single Mexican man moved in with some friends in *La Maldita* to escape his former room mates in another neighborhood. I learned from his cousin

that "…he moved out to live in *La Maldita* with some friends… it is not the best place to live but he was looking for room mates who do not drink."

Attending church and practicing sports

Some young men in *La Maldita* focused on sports or church as a way to keep away from alcohol and drugs. I met a young man from Mexico who went to church, belonged to a prayer group, did volunteer work at church and played basketball. He tried hard to be a good influence on others and tried to influence them to avoid alcohol. He also had a shrine of Mother Mary in his house and invited people over for prayer meetings frequently. I also found men who passed their time trying to improve the neighborhood. For instance, there was a 41 year old Mexican man who frequently picked up trash and bottles in the neighborhood in front of his apartment trying to keep it clean, and spent time feeding birds from his balcony. He had been living in *La Maldita* for seven years and residents looked up to him because he was always willing to help others. He said to me "… the place looks more beautiful if you see birds around, so I put some rice out for them and they keep coming." One afternoon, I was in front of his apartment and heard him chiding his Mexican neighbors who were drinking and throwing their bottles all over the place. He said that people "should take responsibility for the place where they live… they should pick after themselves and bring the beer bottles to the recycling bin. They should not expect the garbage collector to come and clean after them." There was also a 43 year old man from Honduras who lived with his two sons and spent time organizing the neighborhood soccer team. I attended one evening meeting where they were planning fundraising activities to be able to participate in a soccer

tournament. He does not get paid for this but he said that he enjoyed it and was very proud that his neighborhood's team is one of the best in Durham.

Living with women and/or family members

The presence of family members and women in the men's social network seemed to prevent men from engaging in alcohol use and use of CSW. This may be related to the social control effect of family members, especially elders. I observed how two young men from Honduras living with their father in *La Maldita* encouraged each other to live up to the same standards they held at home. This included a routine of going to church together on Sundays and being active in the neighborhood soccer team. One of the sons noted how many men in *La Maldita* lacked this family guidance: "When men are in their country, they have their family around to guide them, but they lose that when they come here and they start living *la vida loca*." It is important to note that he described this lack of guidance as a loss, not as liberation from the watchful eyes of their families. According to him, when men were fortunate enough to have family guidance, they tended to stay out of trouble more.

Another key element of linking social support to reduced HIV risk behavior is the notion of respect that is due in the presence of women. Some men in *La Maldita* lived with women who were not their partners – either with a sister-in-law, aunt, or partner of one of their roommates. When there was a woman in the apartment, men behaved differently than when the apartment only housed all men. Migrants reported this was because it was important to show "respect" for the women in their households by not drinking in excess, not cursing or using obscenities, or by bringing loose or disreputable women into the home. Many men thus censored themselves, avoiding CSW or other behavior that might offend the

women in their midst. This control effect seemed to work not only with individuals living with women or family members, but also at the neighborhood level depending on the proportion of apartments inhabited by families. A 34 year old Mexican man living in Los Coloniales explained to me about his visits to prostitutes: "I usually go to prostitutes in brothels… I do not have them come to my apartment because there are so many families here… I would feel ashamed that they are seen entering my apartment."

In addition to the self-control migrants employed to protect the decent women living in their midst, women and family members also exerted independent control over the behavior of male companions. A 34 year old Mexican male explained to me how he could not bring CSW to his house because he lived with his sister and brother in law. He said: "My sister would not allow me to bring *mujeres de la calle* (loose women) into the house, so I have to find a friend who will allow me to use his apartment (to have sex with a prostitute.)"[4] Also, CSW actively avoided apartments where families or women live. A 26 year old single Mexican man was explaining to me how the CSW chose which apartments to visit: "They (the prostitutes) know where not to visit because they have a lot of respect for women and families. Only once has a prostitute come to knock on the door… she did not know who lived here, and when my sister-in-law opened the door she never came back again."

Wider networks and finding non-commercial partners

In addition to providing social control that may lower alcohol drinking and use of CSW, networks can also reduce migrants' risk by connecting them to a wider array of

[4] The notion of respect seems to have a circular logic. Most informants agreed that men will act differently because *"one has to respect that there is a woman in the house"* and yet one Mexican informant reported that he chose to live with a female room mate to help her secure the respect of other men. He said: *"I live with her although she is not my partner…I do it for the respect. She is here by herself and I live with her so that she will have the respect of other men."*

people. In particular, when networks connected migrants to potential non-commercial sexual partners, HIV risk was reduced. Just as wider networks helped migrants find better jobs, they may also help migrants find partners. Yet, the process of finding casual or stable non-commercial partners was difficult for Latino men in Durham because of the sex ratio imbalance and also because most men did not have friends outside the Latino community. Due to the imbalanced sex ratio, it was virtually impossible for men in *La Maldita* to find women in the neighborhood. During my fieldwork, I found that most men hung out in groups with no women, except for the CSW that frequently visited the place. As mentioned above, the few women who lived in the neighborhood stayed mainly indoors and seldom talked to men they did not know – to do so would have been a serious threat to their reputations.

Another venue where men met women was at the workplace. Many non-commercial relationships were formed on the job. Some men reported relationships with women they worked with, and others found a partner through the networks of friends and family of the women they work with. However, the possibility of forming wider social networks varied tremendously across employment settings. Most men in *La Maldita* worked in construction and had virtually no interaction with women at work, since it was highly dominated by men. A Mexican man from *La Maldita* who worked in construction reported meeting a girlfriend at the Mexican food store/restaurant where he and his co-workers had lunch everyday. But this was the exception rather than the rule. For those men who worked in restaurants or hotels, on the other hand, it was easier to interact with women at the workplace. Even if many of the women in these types of jobs were already in a relationship, they were connected to other women in the community. Thus simply working in a job with greater gender balance may help men make connections with non-commercial partners.

Going to bars or dance parties was the last venue to find non-commercial partners. Going to clubs was a popular pastime among migrants. Yet the sex ratio of patrons at bars and dance clubs for Latinos in Durham was also very unbalanced with very few women, most of whom came with their partners. Most Latino men who went to dance clubs spent the night just watching the few couples dance. Although they did occasionally meet American women there, their inability to speak English was a barrier in forming relationships with them.

It is important to note that finding a non-commercial partner in Durham may not necessarily lower migrants' HIV risk. This is because migrants were far less likely to consistently use a condom with casual partners as they were with CSWs. A 21 year old man from Honduras who lived in *La Maldita* described his casual relationship this way: "we used condoms the first couple of times that we had sex, but then decided that we had enough trust in each other and stopped using them." Overall, Latino male migrants in *La Maldita* lacked the wider network interactions that would give them some protection against HIV risk, and when they did form non-commercial partnerships, condom use tended to be very low.

Contacts with country of origin and commitment to family

The extent to which Latino male migrants continued to receive social support from home may also have an impact on their risk behavior in Durham. Migrants often come to the US with a strong goal in mind and a strong determination to provide for their families. A young man from Honduras living in *La Maldita* with his father told me that he came to the U.S. only for three or four years so that he could save some money and help provide a better life for his family when he went home. He said: "This (coming to the U.S.) is only

temporary... you work hard, you sacrifice yourself for three or four years but you know you will be rewarded in the future... when you rejoin your family and can have something of your own and can give your family what they need." On the same token, a 36 year old man from Mexico who had lived in *La Maldita* for only four moths reported that he knew it would be a difficult time for him leaving his wife and three children behind, but he wanted to be able to provide a better living for his family. He said he found comfort in envisioning a near future where he can start a business of his own with the money he will make in the U.S. "I know this sacrifice of being here without my family will pay off. I just came to save enough to buy a truck so that I can start a construction business of my own and make good money to provide them what they need."

This mindset, of sacrifice in the name of a goal, seemed to give Latino men an inner strength and resilience against adversity and it may also help protect against HIV risk behaviors. This is because men with this sense of purpose saw abstinence as a temporary sacrifice which was worth taking, and also because they wanted to avoid the economic burden of supporting a new family. As one 41 year old Mexican man said: "You would not want to find a partner here… because women are looking for someone who supports them economically, and if you start a new family here you will fail your family in Mexico."

On the other hand, according to some informants, those men who "get lost" and succumb to alcoholism and CSW use tend to be those who are not as committed to their families back home. They might have been here just for a feeling of adventure and did not have a strong goal and got distracted by temptations. For instance, when asked about the reason why some migrants drank so much alcohol and visited CSW while others worked hard and saved money, a young Mexican man replied: "Maybe people who come here without a

goal... maybe they do not have a family to provide for, maybe they never worked but always lived off their parent's allowance. Those young men come here just for the thrill of the adventure and they go crazy with all the money they make and end up wasting it all in women and alcohol." It is interesting to note that the informants believed that the lack of a strong goal got compounded with the newly acquired purchasing power of migrant men. Once they started working in the US they were able to afford to buy large amounts of alcohol and pay for CSW.

Summary

To the casual observer, *La Maldita* presents a puzzle – since rent was no lower there than in complexes that were far better maintained, more tranquil, and safer, why would anyone choose to live there? The availability of social support described above is central to explaining that puzzle. *La Maldita* and immigrant gateways like it are unique in that they concentrate those who come with no support, due to the social resources available there. People who are not yet well established cannot live anywhere else unless they have a close family member to take them in because help is not available in other places.

The ideology of *La Maldita* residents is one of "we're all in the same boat" and morally obligated to provide support to other migrants in need. It is not just Mexicans helping Mexicans – they also helped migrant strangers from all backgrounds. They shared the bond of being companions of adversity – they all shared the same hardships of crossing the border and establishing themselves in an often inhospitable terrain. They sympathized with people who were going through what they went through, and since there were no institutional supports for undocumented migrants (aside from the assistance provided by

churches) the only way they were able to set up a community was through helping newcomers survive. Even when there were conflicts over unpaid bills or noisy neighbors, the mechanism of reception endured in *La Maldita*. Once migrants were better established and moved elsewhere, they continued to share and provide some forms of support, but there were much less support for strangers – only for friends and family members.

While the availability of instrumental and informational support were adequate in *La Maldita*, emotional support and social control were much more limited. Many men reported feeling isolated and alone, and complained that they lacked guidance. A sense of depression and isolation was acutely felt by many migrants, who drank to escape their sorrows and visited CSW to ease their loneliness.

Social support in this context can have both a positive, protective effect on HIV risk behaviors under some circumstances, but under others, support may actually increase migrants' risk exposure. Social support was protective of migrants' health when it connected men to family members, especially elders, and women, who acted as moral centers, and who provided guidance, and demanded respect. Likewise, social support that helped men find relationships outside of the commercial sex setting, and greater support and connection to the home community both deterred sexual risk behaviors.

However, the fact that most men in *La Maldita* were connected only to other unaccompanied men also implied that social support can increase migrants' exposure to HIV risk. The same networks that connected them to jobs and housing also connected them to alcohol and CSW use. The preponderance of unaccompanied young men in the neighborhood also translated into a lack of social control that facilitated HIV risk behaviors.

In a setting such as *La Maldita*, a point of entry for single and unaccompanied male migrants, the effect of this micro-environment was greatly magnified for new arrivals.

CHAPTER 6

DISCUSSION: SOCIAL SUPPORT AND HIV RISK

IMPLICATIONS FOR LATINO MIGRANTS IN DURHAM, NC

Limitations

The overall objective of this dissertation was to explore the role of social isolation and social support in influencing sexual risk behaviors among newly arrived and unaccompanied Hispanic male migrants in Durham, North Carolina. Before discussing the results for each specific aim, I would like to acknowledge several limitations to my research. The first is that my field research was focused on a neighborhood that is known to concentrate very recently-arrived migrants. The larger project within which my research was situated also focused on apartment complexes where recently-arrived migrants cluster. Therefore, information was not perfectly representative of the entire Latino immigrant community. Better-established, presumably more affluent migrants who no longer live in areas of Latino concentration were not captured in this study. While the vast majority of Durham migrant Latinos are recently arrived and do live in the selected neighborhoods, the lack of better-established migrants could give a somewhat skewed view of the migrant community.

Another limitation is that the main focus of my research was on informal mechanisms of social support. Institutional support, such as from outreach organizations, the State, or the Church, was only captured indirectly. While my impression in the field was always that these forms of support were fairly minimal for most migrants, I did not collect information on them directly.

Finally, another limitation is that given the continuously changing social environment, my comments and conclusions are very bounded within the years of observation. Neighborhoods such as *La Maldita* change rapidly, and the patterns of behavior I observed could change for the better or worse in a relatively short timeframe. For instance, after a fire that destroyed one of the buildings in 2003, many Latinos moved out and the conditions of the neighborhood deteriorated. Also, as more Latino migrants continue to arrive to the Durham area, it is likely that new neighborhoods will turn Latino and go through the very changes described for *La Maldita*

Profile of the Durham Latino Community

Data from the 2000 Census had identified Durham, North Carolina as a new area of destination for Latino migrants. The results of my study show that over 95 percent of those migrants are from Mexico and Central America and arrived to the U.S. in the last decade. The typical Latino male migrant in Durham is young and does not speak English well. Also, nearly 60 percent of all migrant men are here “unaccompanied”, that is either single or married without their wives.

Latino migrants in Durham are concentrated in low-rent apartment complexes around downtown and the Northeast. Results show that the demographic and socioeconomic

characteristics of the Latino population are fairly homogeneous across apartment complexes, but there is a variation in living arrangements with some apartment complexes housing more families and with less social and physical disorder, and others housing mostly single men with the accompanied increase in disorder. By comparing two apartment complexes, *La Maldita* and *Los Coloniales,* I show the different structures of social support available for male Latino migrants. These differences are important for understanding health behaviors, specially the risk of HIV among "unaccompanied" men.

Influence of Spatial and Contextual Characteristics on HIV Risk

In the results chapters I showed that the apartment context is a central element of social support for migrant Latino men in Durham. Apartment complexes where Latino migrants tend to cluster vary widely in aspects of physical and social disorder. The atmosphere of "broken windows" and rowdiness caused by the concentration of unaccompanied men in *La Maldita* makes residents want to leave as soon as possible, especially once they have brought their families to live with them. Physical disrepair, public drinking, open presence of CSW, high levels of noise, the open sale of stolen goods, etc. reduce attachment to the neighborhood. Rather than working to improve conditions there, migrants just put up with them until they are able to move somewhere better.

Yet, places like *La Maldita* do have something to offer migrants, particularly with respect to certain aspects of social support. In particular, instrumental and informational support needs are readily met in places like *La Maldita,* where residents commonly take in newcomers, even complete strangers, and provide resources to them while they get established. While the availability of instrumental and informational support are adequate in

La Maldita, emotional and appraisal support are much more limited. Many men report feeling isolated and alone, and complain that they lack guidance. A sense of depression and isolation are acutely felt by many migrants, who drink to escape their sorrows and visit CSW to ease their loneliness.

Relationship of Social Isolation and Social Support with HIV Risk

That social support can play a crucial role in health has been a recurrent theme in the literature on immigrant adaptation and health outcomes (Due, Pernille, et al, 1999; Joshua & Fogel, 2004). Several studies have shown that family disruption, lack of contact with the community, and difficulties in reconstructing friendship networks have direct implications for a wide array of outcomes such as depression, access to health care, or alcohol consumption. Less is known about how these forces affect HIV risks.

There is also increasing recognition that the extent and type of contacts that individuals have can directly affect health outcomes. In general, social and health scientists have relied on the concept of social support to understand the patterns of exchanges and assistance that might improve health. Social support is believed to have protective effects because it buffers the person from psychosocial stress and acts as a resource than can be mobilized when needed (Cohen & McKay, 1984). More recently, researchers have begun to place social support within broader notions of exchanges and interactions among which social support can be regarded as one particular type. For instance, Due et al. (1999) have introduced a conceptual framework in which social relations is the main concept and the structure and function of social relations, which they refer to as social networks and social support, becomes sub-concepts. In a similar vein, Locher et al. (2005) discuss the

connections between social isolation, support, and capital which are considered specific dimensions of broader patterns of social exchanges. A relational approach to social support also suggests that it is not only the availability of support that affect risks but also the characteristics of those providing support that affects whether these social relationships protect or enhance exposure to health risks.

My analysis builds on this previous research but also takes a broader view that stresses the relational processes behind the notion of social support. This broader view allows me to incorporate dimensions of the context to understand the kind of relations that people form as well as to account for social isolation situations that are prevalent among migrant populations.

In the results chapters I also showed that, although Latino men benefit from the social support they find in the neighborhood, this support may also have negative effects on their health risks. In fact, many of the social exchanges between migrants that connect them to the broader community might increase their exposure to sex risks. A main objective in my analysis was to identify the factors that turn inter-personal exchanges from risk enhancing to protective among immigrant men. In *la Maldita*, the fact that most men are connected only to other unaccompanied men implies that social support can also increase migrants' exposure to HIV risk. The same networks that connect them to jobs and housing also connect them to alcohol and CSW use. The preponderance of unaccompanied young men also translated into a lack of social control that encourages HIV risk behaviors.

Revisiting the "Circle of Migration and AIDS Risk" Community Model

One of the implicit aims of this project was to ascertain the usefulness of the "Circle of Migration and AIDS Risk" model developed by the participatory research group. For the most part, my considerable time in the field and analysis of data collected confirms the main forces identified by the group as sources of heightened HIV risk among migrants. However, the results also highlight certain limitations of the group's view of migration and HIV risk, and add to their conceptualization.

In the "Circle of Migration and AIDS Risk" model, the CBPR group viewed social isolation as a central category linking migration to increased sexual risk behavior among male migrants. Social isolation appears as the result of the migrant's separation from family and the changes they face in the new country. Data from my analysis shows that this observation is on target. Loneliness, depression, and a lack of emotional and appraisal support were often central to HIV risk behaviors among migrant men.

Although social support does not appear directly as a variable in the group's diagram, it is clearly implicit in the selection of social isolation as the central variable connecting migration and HIV risks. Social isolation in the diagram represents the void of social support felt by many recent migrants. The group agreed that the main problem of migrants is an absolute "lacking" of resources (they are far from family and friends, cannot speak the local language, lack basic information, lack legal documentation, lack a grasp of their new culture and environment, etc.). Thus social isolation stands for the void of social support felt by migrants, as underlined by the direct link the group makes to loneliness and depression. The groups' diagram represents a deficit theory of social support for migrants.

While overall the group's model does an excellent job at capturing the main factors contributing to HIV risk among migrants, my research suggests several areas of improvement or clarification. Indeed, nothing in the diagram accounts for the migrants' strengths and resources, and the solidarity and support they provide to each other. In our data though, I found that unaccompanied male migrants, while in a vulnerable situation, do provide support for each other. In the context of migration, this support exchange has many positive effects and helps migrants' adaptation to the new environment even though it also brings negative effects including an increased exposure to HIV risk behaviors. I found that migrant men are aware of this dual effect of social support. Men praise the support they receive from others and return it in kind to other migrants. At the same time, however, they acknowledge the potential dangers of friends' negative influence in terms of alcohol abuse and use of CSW.

The group gave great importance to the variable 'idle time' -defined as "having too much free time with nothing to do after work and during the weekends" to explain the increased risk of HIV among migrants. However, I found that migrant men in *La Maldita* do not report having an excess of idle time. Most migrants tend to work long hours and often two jobs in order to satisfy their goal of saving money to send back home. The end result is that they have comparatively little idle time. While some migrants report difficulty in occupying their free time, this tends to be symptomatic of larger problems of loneliness, that is felt more acutely when men are not working and on weekends, when they usually call home. So it is not so much the idle time per se but the loneliness associated with being separated from their loved ones that contributes to HIV risk behavior. I also found that the absolute quantify of idle time, or the number of recreational opportunities in the area, do not explain how men spend their free time. Some men find constructive things to do such as

playing soccer and doing volunteer work at church. Other men spend their idle time drinking alcohol and using CSW, even when more constructive options are available to them. My analysis shows that social support and social networks are more important in explaining these differences than the mere presence or absence of idle time and recreational opportunities.

In addition, there is no mention of the role of the neighborhood in the groups' diagram. I argue that social networks and the social support they provide do not happen in a vacuum. In the case of recent Latino migrant it is clear that social isolation operates at both the individual and neighborhood level. The rise and functioning of neighborhoods such as *La Maldita* are an expression of a survival strategy for adapting to a new country. New arrivals come to this neighborhood not only for housing but for a way of living and reaching a functional adaptation. The fact that it got that name makes it clear that it is relevant in the mind of the new migrants. Even though it has a negative connotation and most migrants leave when they have the means to do so, they also come back to the neighborhood to celebrate religious holidays and there is a sense of pride and belonging.

Overall, the results highlight the importance of the neighborhood micro-environment in structuring HIV risk among male migrants. Specifically, when you have a situation of concentration of unaccompanied men *and* insufficient emotional and appraisal support and social control, HIV risk behaviors are likely to be elevated. In *La Maldita*, the lack of emotional support increases feelings of loneliness among men and their contacts and networks of support encourage alcohol abuse and CSW use. This neighborhood effect is greatly magnified for new arrivals, which are immediately exposed to a high degree of social disorganization, including factors that directly relate to HIV risk.

While previous research has generally assumed a positive role of social support on health outcomes, such an assumption is not always justified in the area of migration and sex risks. Focusing on social relations more broadly is particularly useful in the case of recently arrived migrants, since migration is a disruptive event that prompts considerable alterations to the existence, number, and frequency of social relations. In addition, the characteristics of those involved in exchanges can vary considerably. The extent to which people receive support from family or friends can have different and even opposite correlation with exposure to health risks. Social support in this context can have both a positive, protective effect on HIV risk behaviors under some circumstances, but under others support actually increases migrants' risk exposure. Social support is protective of migrants' health when it connects men to family members, especially elders, and women, who act as moral centers, provide guidance, and demand respect. Likewise, social support that helps men find relationships outside of the commercial sex setting, and greater support and connection to the home community both deter sexual risk behaviors.

Implications and Recommendations for Public Health Practice

The findings presented above offer several insights to guide the development of HIV prevention programs among migrants. Programs directed at "idle time" and giving migrant men healthy recreational alternatives are valuable and important and should be continued. The data is full of examples of migrants who participate in these activities, and who benefit both physically and emotionally from the social engagement they provide. These initiatives are often driven by the migrants themselves, and arise organically out of the need of the community. Institutional support for these ongoing activities is warranted, as is effort to

create such programs where they do not already exist. However, my findings also demonstrate that these programs alone are not sufficient to reduce the risk of a large share of unaccompanied migrant men.

Depression, social isolation, and the profound loneliness that accompany family separation are difficult to alleviate for many men, whose difficulties require more social support than sports activities can provide. For an important subsection of migrants, a greater effort to provide mental health services is warranted. Counseling on how to cope with stress, family counseling, and other types of services should be developed to ease the psychological distress felt by migrants and to provide them with the emotional and appraisal support they are lacking.

These findings also suggest the importance to public health of the physical environment in which migrants live. Signs of physical decay are an important element of social disorder. When an area becomes dilapidated, as in *La Maldita*, a "broken windows" effect can undermine social order and contribute to public health risks. More stringent enforcement of housing codes and regulations on the rental market are in order in areas where migrants congregate. When landlords are lax about building maintenance, as in the case of *La Maldita* where a large half burned-out building has stood unrepaired for several years and maintenance requests go unfulfilled, turnover is higher and the concentration of unaccompanied, recent migrants is exacerbated. If landlords were forced to maintain higher standards, men with families could be less likely to leave and the distribution of unaccompanied men could become more even. Along those lines, an information campaign targeting migrants on where they can register complaints against landlords for dilapidated

conditions could empower migrants and encourage them to take control over their physical environment, contributing to lower social disorder and improved public health.

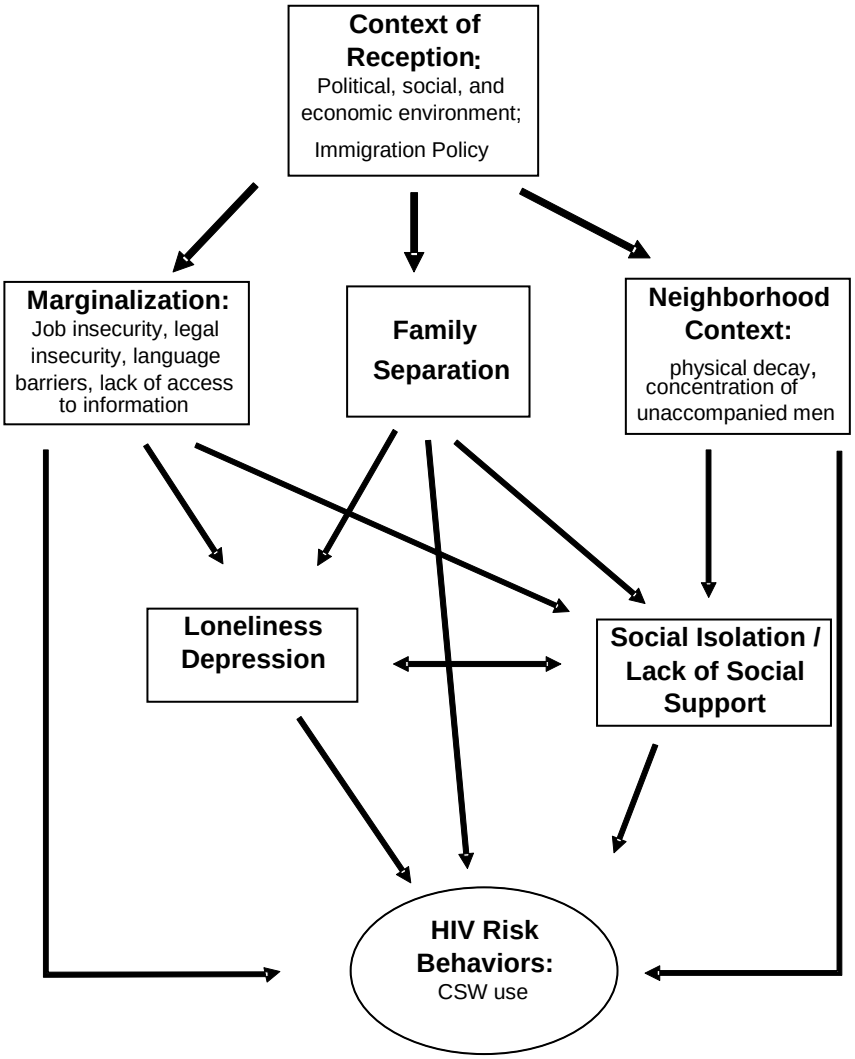
While this is a local, city-specific study, its results may have implications for migrant receiving cities other than Durham. A review of the migration literature suggests that Durham could be fairly typical of the new wave of Latino migration to the Southeastern United States. There has been a shift in migration patterns with the emergence of new immigrant gateways such as Atlanta, GA, Charlotte, NC, and more recently New Orleans, LA. The situation of newly arrived migrants in Durham is likely to be similar to those of other new gateways in the Southeast, and could therefore shed light on an important new phenomenon.

Conclusion

These results also have implications for the future of Latino immigrant health in new receiving areas such as Durham. My findings suggest that in large part, the future of immigrant Latino health rests on migration policy and reform. I argue that social isolation is not an inherent by-product of migration. Rather, it may be determined by the context of reception of migrants which, in turn, is shaped by immigration policy. This is because immigration policy helps shape a gender-imbalanced migration stream, as is the case for current Latino migrants to the United States. The gender imbalance makes it difficult for migrants to find partners and increases social isolation. It also reduces their emotional support and informal social control, thus contributing to an increase in sexual risk behaviors. The model implied in this conceptualization is presented in Figure 4. The main difference between this framework and the one proposed in CBPR group is the explicit recognition of

the importance of context of reception and neighborhood conditions for understanding HIV risks.

Figure 4. Model of Migrant HIV Risk



The findings of this study may be especially valuable in the near future for Latino immigrant health given that Latin American migration to the United States has been prominent since 1970 and it is expected to keep increasing. Migration theorists consider that this trend is due to the rapid expansion of the market economy of developed countries, and

the removal of political constrains to mobility in sending countries. (Massey, 1999; Rystad 1992). At the same time, developed countries increase more restrictive immigration policies, which may increase the social isolation of migrants (Freeman, 1992).

If immigration policy continues to make crossing the border an illegal, costly, and dangerous proposition, then the migration stream is likely to remain disproportionately male. New immigrant destinations will likely continue to be characterized by an overrepresentation of unaccompanied male migrants, and family separation and insufficient social support will continue to be the norm. If migration reform occurs, on the other hand, and the process of migration were to be legalized and normalized for most migrants, then family reunification, family migration, or frequent return visits to communities of origin would likely become the norm, dramatically diminishing the forces that contribute to alcohol abuse and CSW use among male migrants.

Directions for Future Research

These findings also suggest several avenues for future research. One such avenue is a more explicit test of the importance of "broken windows" and clustering of unaccompanied men on migrants' HIV risk by directly comparing a wider range of immigrant micro-environments and their association with alcohol abuse and CSW use. Based on the literature and my case study of *La Maldita*, I would hypothesize that residents of neighborhoods characterized by a higher degree of social and physical disorder, and which were composed of a greater number of unaccompanied male migrants, would exhibit higher levels of alcohol abuse and CSW use than their counterparts living in better, more gender balanced neighborhoods.

Another promising avenue for future research would be to take a longitudinal approach to study the reconstruction of social networks after migration. Cross-sectional analyses of the type used in this dissertation have considerable limitations in presenting solid causal arguments. In many cases the direction of the effects are not clear. For instance, it is possible that lack of social networks result in higher levels of depression that then lead to alcohol consumption. However, the other direction is also possible, i.e. depression might lead to drinking which in turn could prevent the development of healthy social networks. A longitudinal analysis would be better suited to address such issues. By following a group of individuals over time, we could examine what factors facilitate or hinder migrant men's efforts to fulfill their social support needs. At the same, we could better assess how these relationships affect each other reinforcing negative outcomes and identifying which factors might move men out of vicious circles.

A final direction for future research is the need to pay more attention to the heterogeneity of the Latino population, specifically differences across national origin groups. While all Latin American migrants become Hispanic in the U.S. context, it is likely that they maintain wide disparities across national origin in terms of family arrangements, gender attitudes, and sexual behavior. Understanding if and how these national origin differences affect HIV risks would be important for tailoring prevention programs to particular immigrant groups.

APPENDIX A: SURVEY QUESTIONNAIRE (MALES)

_____
ID NUMBER

_____
BUILIDING AND
APARTMENT NUMBER

_____
APARTMENT COMPLEX
CODE

INTERVIEWER NAME _____

	OUTCOME				
Date	**Completed**	**No Answer**	**Not Latino**	**Refusal**	**Other**

MALE SURVEY

RESPONDENT CODE:

Apartment complex code:

Date and time of interview:

Name of Interviewer:

I am going to begin by asking you some questions about your background.

1. How many years did you go to school? (*circle one)*

   0 1 2 3 4 5 6 7 8 9 10

   11 12 13+ Don't Know

2. What is your main occupation? (*profession, not necessarily current occupation?)*

3. What is your native language? (*circle one*)

   Spanish English Other _____

4. How well do you **speak** English? (*circle one*)

   Very good Good More or less Not at all

5. How well do you **read** English? (*circle one*)

   Very good Good More or less Not at all

Now I'd like to know a little bit about your family background.

6. How many years did your father go to school? (*circle one)*

   0 1 2 3 4 5 6 7 8 9 10

   11 12 13+ Don't Know

7. What was/is his main occupation?

8. How many years did your mother go to school? (*circle one)*

   0 1 2 3 4 5 6 7 8 9 10

   11 12 13+ Don't Know

9. What was/is her main occupation?
10. Are you: (*circle one*)

a. Single? (*Skip to 14*)
b. Married?
c. In a consensual union?
d. Separated/Divorced (*Skip to 12*)
e. Widowed (*Skip to 12*)

11. *If married or in consensual union*,

a. Is your wife living with you or in (*Mexico/country of origin*)? (*circle one*)

Living in NC Living in Country of origin

b. Where was she born? (City/town, state, country)

c. *If American born*, what is her race/ethnicity? (*circle one*)
   i. Latina
   ii. Gringa/White
   iii. African American
   iv. Other_____

d. How old is she?

e. How many years did she go to school?

0 1 2 3 4 5 6 7 8 9 10
11 12 13+ Don't Know

f. Where did you meet? (City/town, state, country)

g. How well does she speak English? (*circle one*)

Very good Good More or less Not at all

h. (*If living in the U.S.*) How long has she been in the U.S.?

i. Does she work for pay outside the home or do anything that earns money from home? (*Interviewer note: If respondent says wife does not work, ask if she does or has done anything to earn money, like clean houses, home production, anything at all*)

Yes No (*skip to 12*)

j. What is her job?

k. How much does she earn?

i. Per hour
ii. Per week
iii. Every 2 weeks
iv. Per month
v. per year
vi. Other _____

12. How many times have you been married or in a consensual union, including your current marriage? (*note the number of each, including current union*)

Number marriages _____ Number consensual unions_____

13. How old were you the first time you were married? *(Interviewer note: Record responses in Marital History box below)*

a. Was it legal or consensual?

b. Did you get married in (*Mexico/country of origin*) or the U.S.?

c. (*If appropriate*) How old were you when that marriage ended?

d. (*If appropriate*) How did it end, in divorce, separation, or widowhood?

(Repeat for all marriages)

Marital History

Marriage #	Age	Legal or Consensual	Where did you get Married (Country)	Age marriage ended	How did it end
1					
2					
3					
4					

14. How many children do you have? (*If no children, skip to paragraph before 16*)

15. For each one, I need you to tell me: *(Interviewer note: Record responses in Fertility History box below)*

a. Their age

b. Whether they live in (*Mexico/country of origin*) or the U.S.

c. Whether they are in school or working

d. If working, their occupation

Fertility history

Child #	Age	Sex	Where They live	School / Occupation	Child #	Age	Sex	Where They live	School / Occupation
1					9				
2					10				
3					11				
4					12				
5					13				
6					14				
7					15				
8					16				

Ok. Now I'm going to write down a history of all the different jobs you've held and all the different trips you've made to the U.S. We are interested in when you first came to the U.S., how long you stayed, if and when you went back to (Mexico/country of origin), and all the trips to the U.S. you made after that. I am going to write down a history of all your travel between (Mexico/country of origin) and the U.S., and also if you moved from one city to another within (Mexico/country of origin) or within the U.S. At the same time I will write down information about the jobs that you had when you were here and in (Mexico/country of origin).

(Interviewer note: record responses in Life History box below. The migration history and work history should be completed together. These are only examples of how to initiate and continue the conversation. You may adapt the dialogue according to the situation.)

16. Before we talk about the jobs, could you tell me where you were born? *(*City/town, State, Country*)*

    a. When were you born? (Month and Year)

17. How old were you when you got your first job?

    a. What was that job?

b. Where was that? What city/town and state and country?

18. What other jobs did you have in (Mexico/country of origin)?

a. How old were you when you started each job?

Now I am going to ask you questions about your moves, both in (Mexico/country of origin) and to the U.S.

19. How old were you the first time you left your birthplace?

a. Where did you move? (City, state, and country)

b. Did you have a job at that time?

c. What kind of job was it?

d. How long did you stay there?

20. After that where did you move?

a. Repeat above questions

(Repeat for all subsequent trips between the U.S. and Mexico/country of origin or between cities within each country)

Life histories

	Migration				**Employment**
Age	City/Town	State	Country	Duration	Occupation (be specific)
0					Month and year of Birth:
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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44
45

46
47
48
49

21. How much do you earn on your current job?

a. Per hour
b. Per week
c. Bi-weekly
d. Per month
e. Per year
f. Other _____

22. Are you (*circle one*):

a. Self employed?
b. An employee?

23. How many people work (with you/at your company) (*Interviewer note: company size refers to all locations and branches*)?
a. 1-5
b. 6-10
c. 11-50
d. 51-100
e. 100+

Ok. Now that we have a sense of your travels, I'd like to ask some more specific questions about both the very first trip you ever made to the U.S. and the first trip you ever made to Durham.

*Interviewer note: First ask all questions about first trip then repeat questions for first trip to North Carolina. For most recent trip, make sure to emphasize that we are interested in their situation when they **first** arrived, rather than their conditions today. If their first U.S. trip was to Durham, do not repeat questions.*

		FIRST TRIP TO U.S.	**FIRST TRIP TO DURHAM**
24	Why did you come? (*For current trip probe: What attracted you to North*		

	Carolina in particular?)				
25	With whom did you live in the U.S.?				
26	Did you have relatives in the U.S.?	Yes	No (*skip to 28*)	Yes	No (*skip to 28*)
27	Who?				
28	(*If married*) Was your wife with you?	Yes	No	Yes	No
29	(*If has children*) Were your children with you?	Yes	No	Yes	No
30	Did you have friends in the U.S.?	Yes	No (*skip to 32*)	Yes	No (*skip to 32*)
31	How many?				
32	Did you have a job when you came?	Yes	No	Yes	No
33	How did you find a job?				
34	How much money did you make? Is that per hour, week, biweekly, per month, per year, or other?				
35	Did you work full time or part time?	Full time	Part time	Full time	Part time
36	Was that year round work, or seasonal?				
37	Did you work with mostly Latinos, Americans, or others?				
38	Did you have permission to work?	Yes	No (*Skip to 40*)	Yes	No (*Skip to 40*)
39	What kind of permission?				
40	Did you send money to (*Mexico/country of origin*)?	Yes	No (*Skip to 43*)	Yes	No (*Skip to 43*)
41	How much and how often?				
42	To whom?				
43	Did you go back to (*Mexico/country of origin*) with savings?	Yes	No (*Skip to 45*)	Yes	No (*Skip to 45*)

44 How much?		

45. Do you send money back to (Mexico/ country of origin) now?

Yes No

a. How much and how often?

b. To whom?

c. What is the money used for? (*Probe: to buy a house, for daily expenses, etc. – note all responses*)

46. Do you have papers now?

Yes No

a. How did you get them?

b. When did you get them?

Now I'm going to ask you a few questions about your daily life here in North Carolina. Some (*Mexicans/country of origin*) who come to live here are happy with life in North Carolina. Others living here are not so happy.

In the past six months, have you:

	Yes	No	Don't know
47 felt depressed?			
48 felt that everything you did was an effort?			
49 felt that your sleep was restless?			
50 been a happy person?			
51 felt lonely?			
52 felt that people were unfriendly?			
53 enjoyed life?			
54 felt sad?			
55 felt that people disliked you?			

56 felt that you could not get going?			
57 had difficulty sleeping			
58 noticed a change in appetite			

59. Do you have family living in North Carolina? *(circle all that apply)*
    a. Parents
    b. Adult Children
    c. Siblings
    d. Cousins
    e. Uncles
    f. Other _____

60. Do you have friends that are: *(read one by one and circle all that apply)*
    a. Latino
    b. Gringo/White
    c. African American
    d. Other ethnicities _____

61. Who do you spend most of your time with? (*circle only one)*
    a. Latino friends
    b. Gringo/White friends
    c. African American friends
    d. Other ethnicity friends
    e. Equal amounts of time with many groups

62. How many bedrooms are there in the apartment?

63. How many people live here in this apartment with you?

64. Can you tell me the first name of each person who lives here, how they are related to you, and where they are from (country and city/town and state)?

(*Interviewer note: record responses in Apartment Residents box below. DO NOT WRITE NAMES OF PEOPLE, ON THEIR INITIALS. If respondent is reluctant to name other apartment dwellers, reassure that names are not necessary. We are only interested in where they are from, and how they are related to the respondent.)*

Apartment Residents

List	INITIALS	Place of Origin	Relationship with Respondent
1			
2			
3			

4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Let's talk about some of the things you do with your free time in North Carolina. Would you say you go to _____:

	More or less Once a week	More or less Every month	A Few times a year	Never
65 Friend's house				
66 Family member's house				
67 Sports events				
68 Bars or dance clubs				
69 Other				

70. Do you belong to any organizations or clubs? (For example, church groups, community or neighborhood organizations?) (*Note which*)

Now let me know if you have gotten support when you felt you needed it here in North Carolina. Then let me know who has provided support for you (for example your wife, friend, daughter). (*Interviewer note: check all that apply*)

	Partner	Family	Friend	Other	No one
71 Is there someone you can talk to or someone who will listen to you?					
72 Someone who you feel close to who makes					

	you feel secure?					
73	Someone who is knowledgeable about the U.S. who can help you actually solve problems?					
74	Someone you can turn to when you need help with chores and errands?					
75	Someone who can give you a ride when you need one?					

76. How often do you visit (*Mexico/country of origin*)? (*circle one*)
    a. Never (*skip to the sentence before 77*)
    b. Very rarely
    c. Every couple of years
    d. More or less every year
    e. More or less twice a year
    f. Three or more times a year

    a. How long do you usually stay?

    b. Where do you usually stay? (*circle all that apply*)
        i. With family
        ii. With friends
        iii. In own home

Now I would like to ask you about where you go for medical services here in North Carolina.

77. Do you have health insurance?

    Yes No (*skip to 78*)

    a. If yes, what kind? (*circle all that apply*)
        i. Employer provided
        ii. Government provided (Medicaid, Medicare)
        iii. Private

78. The last time you were sick or hurt in North Carolina, where did you go?

    a. Did the health care provider speak Spanish?

    Yes No

    b. If no, was there an interpreter?

    Yes No

    c. How would you rate the quality of care?

Excellent Good Fair Poor

79. Do you use the services of a healer in the U.S.?

    Yes No

    a. Did you in (*Mexico/country of origin*)?

    Yes No

80. Do you or your family ever use syringes at home for medicine or vitamins?

    Yes No (*skip to the paragraph before 81*)

    a. *If yes*, do you use the same syringe each time or buy a new one each time?

    Use same Buy new (*skip to the paragraph before 81*)

    b. Do other people ever share the same syringe?

    Yes No (*skip to the paragraph before 81*)

    c. If you share syringes, how do you clean them between uses?

        i. Do you use bleach?

        Always Sometimes Never

We are also interested in the kinds of things people do to relax in North Carolina. Often this involves spending time with family and friends, playing sports, or drinking beer and alcohol.

81. In a typical week here in North Carolina, about how often do you drink beer, wine or liquor? (*circle one*)
    a. Never (*skip to 86*)
    b. Once or twice
    c. Three or four times
    d. Five or more times

82. When do you usually drink? (*Probe: What time of day and what part of the week*?)

83. About how many drinks do you usually have?

84. Who do you usually drink with? (*circle one*)
    a. By yourself
    b. With friends
    c. With family
    d. Other _____

85. Where do you usually drink? (*circle all that apply*)
    a. At bars
    b. Outside
    c. Other _____

86. Would you say that you drink more, less, or about the same as when you were in (Mexico/country of origin)?

    More Less About the same

Now I am going to tell you a story and you tell me what you think is happening in the story.

Carlos says that he works so much here that he has no time for fun. Even if he had time, he wouldn't know where to go. He says that he is bored on Sunday when he is not working and that he needs to relax and find something to do. Sometimes he and some friends from work breathe in paint thinner and glues. Sometimes they smoke marijuana. He also knows people that use crack and put a powder in their nose.

87. What is happening in this story? *(Interviewer circle main themes pointed out by respondent)*
    a. Drugs
    b. Loneliness
    c. Boredom

88. Do you see this happening in Durham? (*Interviewer note: be sure to refocus on drug use if respondent did not mention those themes*)

89. What kinds of stimulants would you say are the most popular?

90. Which do you use?
91. How frequently do you use them?

The next questions are about your past sexual relations. Some of the questions will be very personal. We appreciate your cooperation and hope you will share your experiences as openly as you can. Remember, all your answers will be kept completely private.

92. Have you ever had sex?

Yes No (*skip to the sentence before 139*)

Thinking about the first time you had sex:

93. Who was your first sexual partner? (*Probe: Was it a girlfriend or someone else?*) (*circle one*)
    a. Girlfriend
    b. Wife (*respondent and wife were married at the time*)
    c. Casual partner
    d. Commercial sex worker
    e. Other _____

94. How old were you at that time?

95. How old was your partner the first time you had sex?

96. Was it in the U.S. or in (Mexico/country of origin)?

    U.S. Country of origin

97. The first time you had sex, did you use or do anything to keep your partner from getting pregnant or prevent sexually transmitted diseases?

    Yes No (*skip to 99*)

98. What did you use or do? (*Probe: Did you use a condom? Did your partner use something? Do you know what she used? Circle all that apply*)
    a. male condom
    b. withdrawal
    c. IUD
    d. birth control pills
    e. injections
    f. spermicidal (foam or jelly)
    g. didn't have vaginal sex
    h. diaphragm
    i. other (specify) _____

99. The number of sexual partners men have had differs a lot from man to man. In the past five years, with how many different women have you <u>ever</u> had sex with?

100. In the past 5 years, how many men have you ever had sex with?

101. In the past year, or since you've been in Durham, how many different (women/people) have you had sex with?

Now I am going to ask you questions about your relationships here in Durham.

INTERVIEW CHECKPOINT – Respondent is

Married and living with wife (Go to 103)
Married with wife living in (Mexico/country of origin) (Go to 102)
Not married (Go to 102)

QUESTIONS ABOUT STABLE RELATIONSHIPS
MARRIED AND LIVING WITH SPOUSE GO TO 103

102. Do you have a steady relationship/girlfriend with someone living in Durham?

Yes No (*skip to paragraph before 111)*

a. Where was she born?

b. *If American born* what is her race/ethnicity?
   i. Latina
   ii. White/Gringa
   iii. African American
   iv. Other _____

c. How old is she?

d. How many years did she go to school? (*circle one*)

0 1 2 3 4 5 6 7 8 9 10
11 12 13+ Don't Know

e. Where did you meet (country, state, city/town)?

f. *If foreign born*, how well does she speak English? (*circle one*)

Very good Good More or less Not at all

g. *If foreign born*, how long has she been in the U.S.?

h. Does your (girlfriend/partner) work for pay outside the home or do any work that earns money from home? (*Interviewer note: If respondent says wife does not work, ask if she does or has done anything to earn money, like clean houses, home production, anything at all*.)

Yes No (*skip to 103*)

i. *If applicable,* What is her job?

j. *If applicable,* How much does she earn?

i. Per hour
ii. Per week
iii. Bi-weekly
iv. Per month
v. Per year

103. How long have you and your (wife/girlfriend/partner) been having sex?

104. Now I would like to ask some questions about specific sexual practices, starting with <u>vaginal intercourse</u>. By vaginal intercourse, I mean when a man puts his penis in a woman's vagina. In the past year or since you've been in Durham, how many times on average have you had vaginal intercourse with your (**wife/girlfriend/partner**) a month?

105. Thinking of all the times you had vaginal intercourse with your (**wife/girlfriend/partner**) in the past year, how often did you use a condom? (*Interviewer note: if indicate almost always, count as always; almost never as never*)

Always Sometimes Never

106. Now I would like to ask about <u>oral intercourse</u>. By oral intercourse, I mean when a man puts his penis in his partner's mouth. In the past year of since you've been in Durham, how many times on average have you had oral intercourse with your (**wife/girlfriend/partner**) a month?

107. Thinking of all the times you had oral intercourse with your (**wife/girlfriend/partner**) in the past year, how often did you use a condom?

Always Sometimes Never

108. Now I am going to ask about <u>anal intercourse</u>. By anal intercourse, I mean when a man puts his penis in his partner's anus. In the past year or since you've been in Durham, how many times on average have you had anal intercourse with your (**wife/girlfriend/partner**) in a month?

109. Thinking of all the times you had anal intercourse with your (**wife/girlfriend/partner**) in the past year, how often did you use a condom?

Always Sometimes Never

110. How often do you drink alcohol before having sex with your (**wife/girlfriend/partner**)?

Always Sometimes Never

QUESTIONS ABOUT CASUAL PARTNERS DOES NOT INCLUDE COMMERCIAL SEX WORKERS

Now I would like to ask you some questions specifically about more casual sexual relations, or sex with non-steady partners. For now, I am not asking about commercial sex workers. Some men have relationships that are neither with a wife, steady girlfriend or commercial sex workers. This is what I am talking about. I would like you to answer these questions about a partner you had sex with in the last year that is neither a wife, steady girlfriend nor a commercial sex worker in the U.S.

111. In the past year have you had sex with casual or temporary partners?

Yes No (*skip to the paragraph before 120*)

112. How many partners?

113. Now I would like to ask some questions about your most recent casual partner. In the past year or since you've been in Durham, how many times on average have you had vaginal intercourse with this partner a month? _____ *By vaginal intercourse, I mean when a man puts his penis in a woman's vagina.*

114. Thinking of all the times you had vaginal intercourse with your most recent casual partner in the past year, how often did you use a condom?

Always Sometimes Never

115. Now I would like to ask about <u>oral intercourse</u>. *By oral intercourse, I mean when a man puts his penis in his partner's mouth.* In the past year or since you've been in Durham, how many times on average have you had oral intercourse with this casual partner a month ?

116. Thinking of all the times you had oral intercourse with this casual partner in the past year, how often did you use a condom?

Always Sometimes Never

117. Now I am going to ask about <u>anal intercourse</u>. *By anal intercourse, I mean when a man puts his penis in his partner's anus.* In the past year or since you've been in Durham, how many times on average have you had anal intercourse with this casual partner a month?

118. Thinking of all the times you had anal intercourse with this casual partner in the past year, how often did you use a condom?

Always Sometimes Never

119. How often do you drink alcohol before having sex with this casual partner?

Always Sometimes Never

COMMERCIAL SEX WORKERS

Now I would like to ask you some questions specifically about commercial sex workers. By commercial sex worker, I mean a woman who a man pays with money in exchange for sex. Again, I know these questions are very sensitive, but remember your answers are completely confidential.

120. Some men have frequent or occasional sex with commercial sex workers, whereas other men rarely or never have sex with such women. How about you? Have you ever had sex with a commercial sex worker in (**Mexico/country of origin**)?

Yes No

121. If yes, how often did you use a condom?

Always Sometimes Never

122. Have you ever had sex with a commercial sex worker in **the U.S**.?

Yes No (*If no to both skip to 131*)

123. If yes, how often did you use a condom?

Always Sometimes Never

124. In the past three months in North Carolina, how many times have you had sex with a commercial sex worker?

125. Thinking of all those times how often did you use a condom?

Always Sometimes Never

126. Who decided whether or not to use the condom, you or the commercial sex worker?

Respondent Commercial Sex Worker

127. Would you use a condom always, sometimes, or never if the sex worker:

	Always	Sometimes	Never
A was a woman from your country?			
B was Latina but not from your country?			
C was a white North American woman?			
D was an African American woman?			
E came to your apartment complex?			
F worked in a brothel?			
G looked clean?			
H looked healthy?			
I Had a good reputation?			
J Was an acquaintance of yours? K used drugs?			

128. Here in North Carolina, when you want to have sex with a commercial sex worker, how do you usually find one? *(circle all that apply*)

a. they come to my apartment complex
b. I go to a commercial sex establishment
c. my friends tell me where to go
d. I find them on the street
e. Through a pimp
f. I read one of the fliers or business cards that are distributed in my neighborhood

129. Here in North Carolina, when you visit a commercial sex worker, do you go alone or with friends?

Alone With friends

130. How often do you drink alcohol before having sex with a commercial sex worker?

Always Sometimes Never

QUESTIONS FOR ALL SUBJECTS

(EXCLUDING THOSE WHO HAVE NEVER HAD SEX – GO TO 135)

Now I am talking about any of your partners in the U.S.

131. In the past year or since you've been in Durham, have you ever told your partner(s) you wanted to use a condom?

Yes No

132. Why did you want to use a condom (*read and mark all that apply*)

a. To prevent pregnancy
b. To prevent sexually transmitted disease
c. Other _____

133. In the past year, have you ever told your partner that you wouldn't have intercourse unless you used a condom?

Yes No

134. How often do you carry condoms with you?
a. Always
b. Sometimes
c. Almost never
d. Never

QUESTIONS FOR ALL SUBJECTS

Now I would like you to tell me if you agree with the following statements:

	Agree	Disagree	Maybe
135 If a condom is not handy, I would have sex anyway			
136 If I asked my partner to use a condom, she would think I had a disease			
137 Condoms are only for sex with prostitutes			
138 It is difficult to buy condoms where I live			
139 It is embarrassing to buy condoms			
140 Condoms are expensive			
141 You feel less pleasure when you use a condom			
142 Condoms are tight and uncomfortable			
143 If a woman carries condoms I would think she is loose sexually			

I'm going to tell you another short story now and you tell me what you think is happening in the story and give your opinion.

Carlos says that having so few Latina women in Durham is a real problem for Latino men and that the Latinas that are here are already with partners. He says that sex is something that the body needs and that if a woman is not available, some men must find another man for sex.

144. What do you think Carlos means? (*circle main themes raised by respondent*)

a. Lack of women
b. homosexuality

145. Do you think it is acceptable to have sex with man if there are no women available?

146. Do you think there are Latinos doing this in Durham?

147. Have you ever done this?

a. How many times?

FOR ALL MARRIED RESPONDENTS AND THOSE LIVING WITH PARTNER – IF NOT SKIP TO SENTENCE BEFORE 151

Now I would like to talk to you about how work is divided up within your household, between you and your wife/partner.

148. Who does most of the housework household? (*Probe: Who usually does the dishes, cooking, laundry, childcare, and so on*?)

a. My wife/partner does almost everything
b. We share responsibilities equally
c. I do almost everything
d. Someone else does it _____

149. Who handles the bill paying, keeping track of the savings, etcetera?

a. My wife/partner does almost everything
b. We share responsibilities equally
c. I do almost everything
d. Someone else does it _____

150. Are you happy with the division of activities in the household?

Yes No

FOR ALL RESPONDENTS WITH STEADY PARTNER – IF NOT SKIP TO SENTENCE BEFORE 175

Please tell me whether you agree or disagree with each of the following statements.

	Agree	Disagree
151 Most of the time, we do what my partner wants to do		
152 If I asked my partner to use a condom, she would think I'm having sex with other people		
153 My partner does what she wants, even if I do not want her to.		
154 I feel trapped or stuck in our relationship.		
155 I have more to say about important decisions that affect us than my partner		
156 When my partner and I disagree, she gets her way most of the time.		
157 I am more committed to our relationship than my partner is.		
158 My partner might be having sex with someone else		
159 I tell my partner who she can spend time with		
160 My partner tells me who I can spend time with		

161 My partner gets more out of our relationship than I do.		
162 My partner always wants to know where I am.		

In your relationship with your (*regular partner/wife*), who usually has more say about:

	Me	Wife/ Partner	Equal
163 whose friends to go out with?			
164 whether you have sex?			
165 what you do together?			
166 how often you see one another?			
167 when you talk about serious things?			
168 whether you use condoms?			
169 what types of sexual acts you do?			
In general, who do you think has more power in your 170 relationship?			

All couples sometimes have problems.

171. How do you and your (*wife/girlfriend/partner*) settle arguments? (*read aloud and check all that apply*)

a. Talking with each other
b. Advice from family or friends
c. We yell at each other
d. I sometimes hit her

172. Are there situations that you can imagine in which you would approve of a husband slapping his wife?

Yes No

173.Have you hit or thrown things at your (*wife/girlfriend/partner*)?

Yes No

174.Has she ever hit or thrown things at you?

Yes No

FOR ALL

The following statements are about what some men believe about women. Please answer true or false to the following.

	TRUE	FALSE	DON'T KNOW
175 A woman should do whatever her husband wants.			
176 Men should share with women household chores such as doing dishes and cleaning.			
177 Married women have the right to continue their careers.			
178 Husbands should make all the important decisions in a marriage.			
179 A woman should vote the way her husband tells her to.			
180 Women should take an active role in solving community problems.			
181 It's a good idea for men to have a lot of sexual experience before they get married.			
182 It is the woman's responsibility to prevent pregnancy.			
183 It's a good idea for women to have a lot of sexual experience before they get married.			
184 If a man has an extramarital affair, his wife should just keep quiet and accept it.			
185 Women don't need to have sex as much as men do.			
186 If a woman has an extramarital affair, her husband should just keep quiet and accept it.			
187 It is a woman's responsibility to prevent sexually transmitted diseases.			

Based on what you have heard about AIDS, do you think the following statements are true or false?

		TRUE	FALSE	DON'T KNOW
188	Teenagers can get AIDS			
189	AIDS is primarily a disease of homosexuals and drug addicts			
190	Any person with the AIDS virus can pass it on to someone else during intercourse			
191	You can tell by someone's appearance whether they have AIDS			

The next questions ask about AIDS. Based on what you have heard about AIDS, is it true or false that a person can get AIDS or the AIDS virus from each of the following?

		TRUE	FALSE	DON'T KNOW
192	Sharing plates, forks, or glasses with someone who has the AIDS virus			
193	Using public restrooms			
194	By kissing (exchanging saliva) someone who is HIV positive			
195	By mosquito or insect bites			
196	By sharing needles			

197. How concerned are you about contracting the virus that causes AIDS?
   a. very concerned
   b. somewhat concerned
   c. not concerned

198. Have you ever read or listened to something about AIDS in a newspaper, magazine, on TV or radio, at the doctor's office?

   Yes No (go to 199)

   a. Where?

199. Have you ever talked with friends, co-workers or relatives about AIDS?

   Yes No (go to 200)

a. With whom?

200. Please answer Yes or No to the following questions. Have you ever…?

	YES	NO
a. seen a public announcement about AIDS on TV?		
b. listened to a public announcement about AIDS on the radio?		
c. received information or fliers about AIDS at work?		
d. received information or fliers about AIDS at church or any other religious organization?		
e. received information or fliers about AIDS from the Red Cross?		
f. received information or fliers about AIDS from a Latino Organization?		
which one?		
g. received information or fliers about AIDS from any other Organization?		
which one?		
h. seen anything about AIDS in signs in public buses or in trains?		

201. Do you attend church here in North Carolina?

a. What kind? (circle one)

i. Catholic
ii. Evangelical
iii. Other

202. Did you attend church in (*Mexico/country of origin*)?

Yes No

That's all the questions I have for you today. Thank you very much for participating in our survey. Your answers will be very helpful to us in better understanding the Latino community in Durham and in developing programs to serve immigrants. Do you have any questions for me before I leave? If you have any questions in the future, please feel free to call the number on the sheet I gave you at the beginning of the interview. Thank you again for your time.

INTERVIEWER OBSERVATIONS

Where did the interview take place?

Who was present during the interview?

About how long did the interview take?

Can you describe the general appearance of the apartment? Was it generally neat, very messy, or in between?

How comfortable did the respondent seem answering the questions?

How well did the respondent seem to understand the questions?

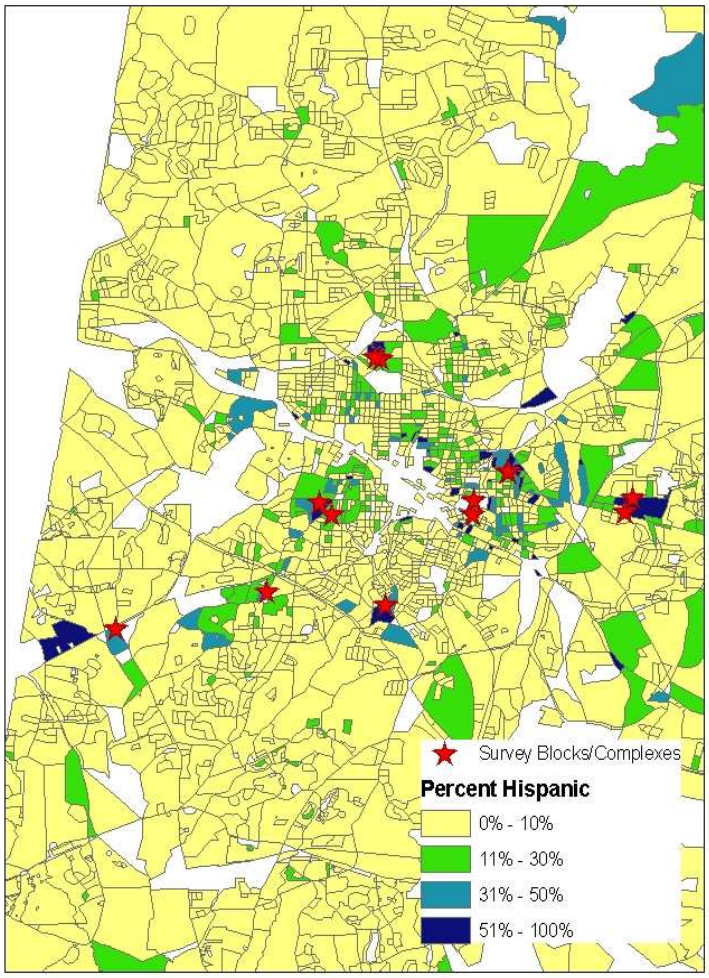
Which questions did the respondent not seem to understand?

Which questions seemed to make the respondent most uncomfortable?

Other comments:

APPENDIX B: SURVEY LOCALES MAP

Durham Hispanic Population by Block and Survey Locales



APPENDIX C: SURVEY LOCALES CENSUS

LIST OF APARTMENTS WITH LATINO POPULATION
(Durham, North Carolina)

CODE	# OF HOUSING UNITS	% LATINO (APROX)
001	**502 units** (13 blocks)	60%.
002	**419 units** (104 blocks)	70%
003	**105 units** (8 blocks)	100%
004	**58 units** (4 blocks)	100%
005	**42 units** (5 blocks)	100%
006	**42 units** (5 blocks)	100%
007	**225 units** (26 blocks)	80%
008	**78 units (houses)**	100%
009	**48 units** (4 blocks)	95%
010	**56 units** (4 blocks)	85%
011	**30 units (houses)**	80%
012	**92 units (10 blocks)**	85%
013	**342 units** (24 blocks)	70%

APPENDIX D: INTERVIEW GUIDE FOR MARRIED MEN WITH WIFE IN DURHAM

INTERVIEW GUIDE FOR MARRIED MEN living w/wives

DEMOGRAPHICS

I am going to begin by asking you some questions about your background.

24. How old are you?
25. Where were you born?
26. How many years did you go to school?
27. How well do you speak English?
28. Do you have any children?
29. How many?
30. Are they with you in the US?
31. Who lives with you in your home/apartment?
32. How old were you the first time you came to the US?
33. Where did you go?
34. Who did you go with?
35. How old were you when you came to Durham?
36. Who did you come with?
37. When you came to the US, did you pretty much stay after that, or did you move back and forth between the US and Mexico? Have you lived in a lot of places in the US?

MIGRATION DECISION MAKING

- *Tell me about the decision to come to the US*

  How has this been for you?

  - *How was the decision made within your family, I mean with your parents and siblings, where you the first one to come? Who decided that you should come, you or your parents? Did anybody try to discourage you from coming?*
  - *With respect to your partner, who came first, you or your partner, or did you come together?*
  - *(If interviewee came alone) Who decided you should come?*
  - *Did you and your partner agree about the decision?*
  - *If his partner is here: who decided that your wife should come? (Probe: you or her, or both of you together?*
  - *Did you and your partner agree about that decision?*
  - *How did you and your partner decide if the children should stay in MX or come to the US?*
  - *Are you still with that partner or have you changed partners? Can you tell me about that?*
  - *Would you like to return to Mexico? Who will decide if you go back? (Probe: you or her, or both of you together?*

HOUSEHOLD DIVISION OF LABOR

- *Now let's talk about Mexico. Can you tell me what your life was like for you in MX, for example, what would you do in a typical weekday day?*

  What kind of work did you do around the house?

  - What kind of work did your wife do around the house? Probe: How did you and your partner decide how to divide up the activities mentioned (work)- such as taking care of the kids, cooking, shopping?
  - Did you have a lot of free time or were you always working?

- Was it always the same or did it depend on your schedule or your partner's schedule for the day?

LABOR FORCE PARTICIPATION IN MEXICO

- What kind of work did you do in Mexico? Was it very stable? Were you making enough money to support the family?
- Did your wife have to work in Mexico or your kids? Did you like the idea of having your wife working in Mexico? Why didn't she work?

- H*ow about in the US, what is a typical weekday day like for you in Durham?*

  What kind of work do you do around the house?

  - What kind of work does your wife do around the house?
  - Probe: How do you and your partner decide how to divide up the activities mentioned (work)- such as taking care of the kids, cooking, shopping?
  - Is it always the same or does it depend on your schedule or your partner's schedule for the day?

LABOR FORCE PARTICIPATION IN THE U.S.

- What kind of work do you do in the U.S.? Is it very stable? Are you making enough money to support the family? Are you happy with your job?
- Does your wife have to work in the U.S. or your kids?
- Do you like the idea of your wife working here? Why is she working or not in the U.S.? How has that affected your relationship?

- Tell me how money and bill paying works with you and your wife.
- Some men say that if a woman works then they lose control in the house. Do you agree? Has it been that way for you?

FAMILY / SOCIAL SUPPORT

- I'd like you to tell me about your friends and family in Mexico and Durham. Did you have a lot of family around you in Mexico?
  a. What did you used to do with them?
  b. How about in the U.S.?

c. How do you feel about this change?

d. Has it been difficult, this change? Is it getting better with more time living here?

e. Who are your friends in the U.S.?

f. Do you like having family around or do they also bring problems?

I'd like to make sure I understand your story- *interviewer sum up major story points you remember.* It seems that life in the US is (is not) very different for you.

MEANINGS OF CHANGE

- How do you think you personally have changed since coming to the US?
  - *What aspects would you say changed the most?*
  - *How has that been for you?*

- What about your partner, do you think that she has changed since coming here?
  - *How do you think that has been for her?*

GENDER TRANSITIONS / RELATIONSHIP POWER

- Do you think that these adjustments have changed the way that you and your wife relate to each other?

  - Tell me about that
    - Probe: What about it has changed?
    - For example, many men have mentioned that in a foreign environment they lose control and become more dependent on their wives and kids
    - Can you tell me what that was like for you?

In the following series of questions, we are interested in learning about how couples make decisions, reach agreements, and how the compromise (or not).

(9) Married people often have disagreements with each other. They may argue about household chores, finances, the children, their own relationship. They may have differences in opinion about how things should be done. Different couples may have different ways of settling their disagreements. I would like to talk to you about the way that you and your spouse settle your own disagreements.

In thinking back to when you were in Mexico, how did you reach a decision when you both had different opinions?

Possible probes: If you didn't agree on an issue, did one of you usually get your way more often? How did you reach a decision when you both had different opinions?

What about here in the U.S. - How do you all settle disagreements here?

Has the way that you settle your disagreements changed since you both came to the United States? In what ways?

For example, if there is a disagreement about things - like what to buy or where to go, who has final say?

Was it the same in Mexico?

Is it harder for you to get your way about decisions in the US than in MX?

(If yes) Why do you think that is?

What decisions would you say that you were responsible for making in Mexico?
(If necessary probe for: finances, decisions about children, household decisions, etc)
Do you make different kinds of decisions now that you are in the United States?

SEXUAL CONTROL AND DECISION MAKING

When couples migrate to the United States, they often experience many changes in their family life and in their own relationship. The new few questions are about your relationship with your spouse and if that relationship has changed since you came to the United States.

(11) Between you and your spouse, who would you say is more devoted to the relationship?

Since you have come to the United States, is your partner more or less devoted to the relationship?

Do you think that you give more than you receive in the relationship?
Has that changed since coming to the United States?

You have talked a lot about the changes that you and your spouse have experienced after migrating here to the United States. With all the changes couples experience with migration, some people have said that things even change in the bedroom. Some have said that all the rules change here for men and women. For example, even who decides when to have sex can change.

(12) What has your experience been here?
Probes: Have you noticed any changes in your sexual relationship with your spouse?

Is it different than in Mexico?

Do you feel free to talk about sex with your partner in general?
What was it like in MX, did you talk about these kinds of things there?

Who usually decides what kinds of things you do in bed, you or her or is it mutual?

Do you feel you can ask your partner to try new sexual experiences, or is that too shocking?

Was this any different in Mexico?

(13) Do you think a man is more capable of preventing a pregnancy or sexually transmitted disease in the US? (don't lead see where this goes before probing)

With your partner, who decides whether to use protection or what type of protection to use? Probe for what, if any, protection they use.

What does "protection" mean to you? Probe if necessary: Why do you and your partner use it? For contraception or for protection against diseases?

Would your wife get angry or suspicious if you asked to use a condom?

Tell me now, could you have done those things in Mexico?

Have you had experience personally with condoms? What do you think of them?

(14) Let's go back to what I said about some people saying that men had more freedom in the US, but others actually thought they had less.

- When it comes to sex, do you feel like you have more freedom here or less?
- Probe: When I say "sexual freedom", what does that mean to you? What does 'sexual freedom mean for you? What does it mean for your wife?
- How has the move affected your sexual relationships?

Tell me know about those times when you were here by yourself, without your wife. What did you do in terms of sexual relations?

Did you ever cheat on your wife? With whom? Was he a friend or a CSW?
How do you feel about that?

Do you think you would have cheated on your wife had you stayed in Mexico? Why did you do it in the U.S.?

Do you or did you use protection with other partners?

Have you discussed it with your wife? Do you think she knows?

GENDER ATTITUDES

We have been talking a lot about how you and your partner have personally been affected by migration. Some people say that migration leads to changes in men and women in general.

(15) What do you think about that? Do you think that women and men in general change in a certain way when they come to the U.S.? How? Is that a good or a bad thing? Can you tell me about that?

(16) Some people have said that people have more freedom here in the United States than in their home country and others have said that in reality, they actually have less freedom.

What do you think? Do you think men have more freedom here? Why or how?

When you say "freedom", what do you mean? What does having freedom mean to you?

Do you feel like women have more freedom here? Why or how?

What does having freedom mean for women?

We have been talking a lot about how you and your partner have personally been affected by migration. Some people say that migration leads to changes in men and women in general.

(15) What do you think about that? Do you think that women and men in general change in a certain way when they come to the U.S.? How? Is that a good or a bad thing? Can you tell me about that?

(16) Some people say that women in Mexico are more traditional than Latinas in the US and that when they come here, they change and become more modern. What do you think about that?

(17) Others say women who come here become liberated, and that some become libertinas. Have you seen that? Tell me about it?

(18) When I say traditional woman, what does that mean to you? What is she like? What kinds of things does she do?

(19) What about a liberated women? What is she like? What kinds of things does she do?

(20) What about a libertina? What is she like? What kinds of things does she do?

(21) Do these categories fit the way you think about women? Can you think of any other kinds of women that you would add?

(22) How would you describe yourself? Would you say that you are traditional? Liberated? Or a mix? What kinds of things do you do that are traditional? Liberated?

(23) Were you like that in Mexico, or have you changed since coming to the U.S.?

(24) Why is it that some women are traditional and others are liberated, or libertinas? Probe: Do you think they are born that way, or that they are raised to be that way, or that it has more to do with the opportunities that are available to them?

People also have ideas about men too– that there are different kinds of men and that coming to the U.S. may change the way men are. Some people say that in Mexico men are more traditional, or more machista. But some men are 'modern,' and being in the U.S. may make men behave differently.

(25) What do you think?

(26) What is a traditional man to you? What is he like? What kinds of things does he do?

(27) What about a machista man? What is he like? What kinds of things does he do?

(28) What about a modern man? What is he like? What kinds of things does he do?

(29) Do these categories fit the way you think about men?

(30) Tell me about your partner, what kind of man is he? Would you say that he is traditional? Machista? Modern? Or a mix?

(31) What kinds of things does he do that are traditional? Machista? Modern?

(32) Was he like that in Mexico, or has coming to the U.S. made him that way?

(33) Why is it that some men are traditional and others are machista, or even modern? Probe: Do you think they are born that way, or that they are raised to be that way, that it depends on the friends that they have, or that it has more to do with the opportunities that are available to them?

SORTING

1) Explain the rules of the sorting. "I would like to build on what we have been talking about by looking more closely at these different types of men and women and what they are like. I am going to lay 3 cards down on the table, one for each of the types of men/women we have been talking about. Then I am going to give you a pile of cards with descriptions on them of things women/men may do or be like. For each one I want you to think about the description and tell me what kind of woman it describes. If you think there is another kind of woman that we don't describe, we can add a card for that kind of person. If you don't like one of the categories we have, you can throw it out and use only the others. There are also blank cards if you want to add an additional description you can write it on the card or I can write it for you."

2) lay out the categories on a table for either the female or male sort (start with female if you are interviewing a woman and male if you are interviewing a man). The order should be the same each time (traditional, libertada, libertina for women and traditional, machista, and modern for men).

3) If the respondent renames another category put it on a blank card and ask why they did that and what is meant by it. If that card replaces another category have them explain why. Categories and attributes will always need to be discussed by name, not for example, this one or the other one.

4) Shuffle the cards and hand the deck to the respondent. Ask them to lay them out (away from the categories) so the can look at them.

5) Give the respondent the opportunity to talk about the categories if they think of something else the want to say that they hadn't thought of before

Interviewer note: The tape recorder should be on and if the informant says "this one", the interviewer should name it for the recording. Give the respondent time to think. After he/she has placed a card in the category ask for example, "why did you put long skirt under the traditional woman category". You will need to ask in this way so both the attribute and category will be tape recorded. Finally ask the informant how one goes from one category to the next (for example traditional to liberada) and under what conditions this happens. The interviewer will then paperclip each pile and put it into the corresponding labeled envelope (traditional, libertada, libertina or other).

SORTING EXERCISE FOR WOMEN

SORTING EXERCISE FOR MEN

Now I am going to ask you questions on a different topic.

Can you tell me what causes SIDA?

How do people get SIDA? (Probe for mosquitoes, toilet seats plates and cups sex drugs, transmission during birth, other)

How worried are you about getting SIDA?

Why are you/aren't you worried about it?

Do you do anything to protect yourself from SIDA?

What (or why not)?

How can SIDA be prevented? (Probe: a shot, immunization, condoms, knowing the reputation of the family of the person you date, only having sex with someone that is clean, keeping the bathroom clean, only one partner that is faithful, not sharing needles.)

Have you seen programs in the community dealing with reproductive health?

Where did you learn about these issues?

What kind of programs would you say would be useful?

Would you come to a training on SIDA prevention?

Would you like a promotora to come to your building to offer information?

Would you like to get information about SIDA on the radio?

APPENDIX E: INTERVIEW GUIDE FOR MARRIED MEN WITH WIFE IN COUNTRY OF ORIGIN

INTERVIEW GUIDE FOR MARRIED MEN – WIFE IN C/O

DEMOGRAPHICS

I am going to begin by asking you some questions about your background.

38. How old are you?
39. Where were you born?
40. How many years did you go to school?
41. How well do you speak English?
42. Do you have any children?
43. How many?
44. Are they with you in the US?
45. Who lives with you in your home/apartment?
46. How old were you the first time you came to the US?
47. Where did you go?
48. Who did you go with?
49. How old were you when you came to Durham?
50. Who did you come with?
51. When you came to the US, did you pretty much stay after that, or did you move back and forth between the US and Mexico? Have you lived in a lot of places in the US?

MIGRATION DECISION MAKING

- *Tell me about the decision to come to the US*

  How has this been for you?

  - *How was the decision made within your family, I mean with your parents and siblings, where you the first one to come? Who decided that you should come, you or your parents? Did anybody try to discourage you from coming?*

  - *With respect to your partner, how did you decide that you should come?*

  - *Did you and your partner agree about the decision?*

  - *How did you decide that your wife should not come?*

  - *Did you and your partner agree about that decision? Would she like to come?*

  - *Would you like to return to Mexico? Who will decide if you go back? (Probe: you or her, or both of you together?*

HOUSEHOLD DIVISION OF LABOR

- *Who do you live with here in Durham?*
- *What is it like for you living without your wife?*
- *How do you deal with chores like cooking and doing the laundry?*

LABOR FORCE PARTICIPATION

  - What kind of work did you do in Mexico? Was it very stable? Were you making enough money to support the family?
  - Did your wife work when you were living in Mexico? Did you like the idea of having your wife working in Mexico? Why didn't she work?
  - Does your wife work now in Mexico? Do you like the idea of having your wife working in Mexico? Why doesn't she work?
  - What kind of work do you do in the U.S.? Is it very stable? Are you making enough money to support the family?
  - Are you happy with your job?
  - Tell me how money and bill paying works with you and your wife. Do you send money to her every month?

FAMILY / SOCIAL SUPPORT

- I'd like you to tell me about your friends and family in Mexico and Durham. Did you have a lot of family around you in Mexico?
    a. What did you used to do with them?
    b. How about in the U.S.?
    c. How do you feel about this change? Are you very lonely here?
    d. Has it been difficult, this change? Is it getting better with more time living here?
    e. What kinds of things do you do in your free time in Durham?
    f. Who are your friends in the U.S.?
    g. What do you do with your friends to have fun? Do you get together and drink beer to relax? Tell me about that.
    h. Do you have family here? Do you like having family around or do they bring problems?

I'd like to make sure I understand your story- *interviewer sum up major story points you remember.* It seems that life in the US is (is not) very different for you.

MEANINGS OF CHANGE

- How do you think you personally have changed since coming to the US?
    - *What aspects would you say changed the most?*
    - *How has that been for you?*

- What about your partner, do you think that she has changed since you left, having to take care of herself?
    - *How do you think that has been for her?*

OTHER PARTNERS

What kinds of things do you do in your free time in Durham?

How do you deal with the social aspects of living without your wife? Are you very lonely here?
Many people have told us that sex is something that your body needs. What do you think about that?
How do you take care of your sexual needs when you are away from your wife?

Have you ever had another relationship here, apart from your wife? Tell me about it.

How did you meet her? What is it like trying to meet people here?

Did you use a condom with her? Did you talk about using a condom? Why or why not? If you used a condom, whose idea was it to use one?

What do you think of them? Do you think they protect against disease?

Do you think you would have had another relationship if you had stayed with your wife in Mexico?

Have you ever visited a CSW here in the U.S.?

IF YES, GO TO CSW QUESTIONS BELOW
IF NO: Have you ever been tempted to go to a CSW? I know that a lot of men around here do. Why is it that you decided not to do it?

CSW USE

When you moved to Durham, how is it that you first decided to visit a CSW?
Probe: Was it a friend or family member who suggested it to you or did one come knocking on your door?

How did you now where to go? How did you find the woman?

Did you go alone or with friends?

About how often do you visit CSW in Durham? Every month, every week, once in a while?

Did you use condoms with a CSW in Durham? All of the time, most of the time, some of the time, never?

Whose idea is it to use a condom, yours or the CSW?

Do you typically drink beer or alcohol in Durham before you go to a CSW?

Did you ever visit a CSW in Mexico/home country?

How old were you when you first went?

How is it that you first decided to visit a CSW?
Probe: Was it a friend or family member who suggested it to you?

Did you go alone or with someone else (friend, family)?
Probe: Did your parents know?
How do you think they would have reacted if they knew?

How common was it for boys your age to go to CSW?
Probe: Did you tell your friends that you went to CSW?
What would your friends talk about the experience of going to CSW?

How did you know where to go?
Probe: How did you find the woman?

Did you use a condom?
Probe: Whose idea was it to use a condom, yours or the CSW?

About how often did you go to a CSW in Mexico after your first experience?
Probe: Every week, month, once in a while, etc.

VISITS TO MEXICO

Do you go back to Mexico to visit your family regularly?

When you go, how are things with you and your wife?

Do you ever use protection with her? Why or why not?

Would your wife get angry or suspicious if you asked to use a condom?

Have you discussed your situation here with your wife? Do you think she knows you have other partners here?

GENDER ATTITUDES

We have been talking a lot about how you and your partner have personally been affected by migration. Some people say that migration leads to changes in men and women in general.

(15) What do you think about that? Do you think that women and men in general change in a certain way when they come to the U.S.? How? Is that a good or a bad thing? Can you tell me about that?

What about women who stay in Mexico while their husbands migrate – do you think living alone changes them? How?

(16) Some people have said that people have more freedom here in the United States than in their home country and others have said that in reality, they actually have less freedom.

What do you think? Do you think men have more freedom here? Why or how?

When you say "freedom", what do you mean? What does having freedom mean to you?

Do you feel like women have more freedom here? Why or how?

What does having freedom mean for women?

(16) Some people say that women in Mexico are more traditional than Latinas in the US and that when they come here, they change and become more modern. What do you think about that?

(17) Others say women who come here become liberated, and that some become libertinas. Have you seen that? Tell me about it?

(18) When I say traditional woman, what does that mean to you? What is she like? What kinds of things does she do?

(19) What about a liberated women? What is she like? What kinds of things does she do?

(20) What about a libertina? What is she like? What kinds of things does she do?

(21) Do these categories fit the way you think about women? Can you think of any other kinds of women that you would add?

(22) How would you describe yourself? Would you say that you are traditional? Liberated? Or a mix? What kinds of things do you do that are traditional? Liberated?

(23) Were you like that in Mexico, or have you changed since coming to the U.S.?

(24) Why is it that some women are traditional and others are liberated, or libertinas? Probe: Do you think they are born that way, or that they are raised to be that way, or that it has more to do with the opportunities that are available to them?

People also have ideas about men too– that there are different kinds of men and that coming to the U.S. may change the way men are. Some people say that in Mexico men are more traditional, or more machista. But some men are 'modern,' and being in the U.S. may make men behave differently.

(25) What do you think?

(26) What is a traditional man to you? What is he like? What kinds of things does he do?

(27) What about a machista man? What is he like? What kinds of things does he do?

(28) What about a modern man? What is he like? What kinds of things does he do?

(29) Do these categories fit the way you think about men?

(30) Tell me about your partner, what kind of man is he? Would you say that he is traditional? Machista? Modern? Or a mix?

(31) What kinds of things does he do that are traditional? Machista? Modern?

(32) Was he like that in Mexico, or has coming to the U.S. made him that way?

(33) Why is it that some men are traditional and others are machista, or even modern? Probe: Do you think they are born that way, or that they are raised to be that way, that it depends on the friends that they have, or that it has more to do with the opportunities that are available to them?

SORTING

6) Explain the rules of the sorting. "I would like to build on what we have been talking about by looking more closely at these different types of men and women and what they are like. I am going to lay 3 cards down on the table, one for each of the types of men/women we have been talking about. Then I am going to give you a pile of cards with descriptions on them of things women/men may do or be like. For each one I want you to think about the description and tell me what kind of woman it describes. If you think there is another kind of woman that we don't describe, we can add a card for that kind of person. If you don't like one of the categories we have, you can throw it out and use only the others. There are also blank cards if you want to add an additional description you can write it on the card or I can write it for you."

7) lay out the categories on a table for either the female or male sort (start with female if you are interviewing a woman and male if you are interviewing a man). The order should be the same each time (traditional, libertada, libertina for women and traditional, machista, and modern for men).

8) If the respondent renames another category put it on a blank card and ask why they did that and what is meant by it. If that card replaces another category have them explain why. Categories and attributes will always need to be discussed by name, not for example, this one or the other one.

9) Shuffle the cards and hand the deck to the respondent. Ask them to lay them out (away from the categories) so the can look at them.

10) Give the respondent the opportunity to talk about the categories if they think of something else the want to say that they hadn't thought of before

Interviewer note: The tape recorder should be on and if the informant says "this one", the interviewer should name it for the recording. Give the respondent time to think. After he/she has placed a card in the category ask for example, "why did you put long skirt under the traditional woman category". You will need to ask in this way so both the attribute and category will be tape recorded. Finally ask the informant how one goes from one category to the next (for example traditional to liberada) and under what conditions this happens. The interviewer will then paperclip each pile and put it into the corresponding labeled envelope (traditional, libertada, libertina or other).

SORTING EXERCISE FOR WOMEN

SORTING EXERCISE FOR MEN

Now I am going to ask you questions on a different topic.

Can you tell me what causes SIDA?

How do people get SIDA? (Probe for mosquitoes, toilet seats, plates and cups, sex drugs, transmission during birth, other)

How worried are you about getting SIDA?

Why are you/aren't you worried about it?

Do you do anything to protect yourself from SIDA?

What (or why not)?

How can SIDA be prevented? (Probe: a shot, immunization, condoms, knowing the reputation of the family of the person you date, only having sex with someone that is clean, keeping the bathroom clean, only one partner that is faithful, not sharing needles.)

Have you seen programs in the community about SIDA
Where did you learn about these issues?

What kind of programs would you say would you like?

Would you come to a training on SIDA prevention?

Would you like a promotora to come to your building to offer information confidentially?

Would you like to get information about SIDA on the radio?

APPENDIX F: INTERVIEW GUIDE FOR SINGLE MEN

INTERVIEW GUIDE FOR SINGLE MEN

DEMOGRAPHICS and TABLE

I am going to begin by asking you some questions about your background.

52. How old are you?
53. Where were you born?
54. How many years did you go to school?
55. What is your main occupation? (*profession, not necessarily current job)*
56. How well do you speak English?
57. Are you married or single, separated/divorced, etc?
58. Do you have any children?
59. How many?
60. Are they with you in the US?
61. How old were you the first time you came to the US?
62. Where did you go?
63. Who did you go with?
64. How old were you when you came to Durham?
65. Who did you come with?
66. When you came to the US, did you pretty much stay after that, or did you move back and forth between the US and Mexico? Have you lived in a lot of places in the US?

MIGRATION DECISION MAKING

(1) *Tell me about the decision to come to the US*

How has this been for you?

- *How was the decision made within your family, I mean with your parents and siblings, where you the first one to come? Who decided that you should come, you or your parents? Did anybody try to discourage you from coming?*

- *Did you come alone or with someone else? Who else did you come with?*
  (If interviewee came alone: How has your experience as a single man been here in the US?)

- *Do you have a partner here now? Can you tell me about that?*

- *Would you like to return to Mexico? Who will decide if you go back? (Probe: you or her, or both of you together?)*

HOUSEHOLD DIVISION OF LABOR

(2) *Now let's talk about Mexico. Can you tell me what your life was like for you in MX, for example, what would you do in a typical weekday day?*

What kind of work did you do around the house?

LABOR FORCE PARTICIPATION IN MEXICO

- What kind of work did you do in Mexico? Was it very stable? Were you making enough money for your expenses? Were you happy with your job?

(3) H*ow about in the US, what is a typical weekday day like for you in Durham?*

What kind of work do you do around the house?
(Note for the interviewer: If the interviewer lives in with a partner here in Durham, change to the married men interview guide)

LABOR FORCE PARTICIPATION IN THE US

- What kind of work do you do in the U.S.? Is it very stable? Are you making enough money for your expenses? Are you happy with your job?

FAMILY / SOCIAL SUPPORT

(4) Can you tell me about your family in Mexico?

- Who lived with you in your house?
- Did you live close to family members and visit frequently? Now, was this your family or your partner's family or did you live close to both?
- Did you get help from them?
- What kind of help?
- Was your family supportive?
- What kinds of support did you give to them?
- Did you have friends that you visited often? Did you get help from them? Did you give help to them?

(5) Do you have family in the US?

- Who lives with you in your house?
- Did you live close to family members and visit frequently? Now is this your family or your partner's family or do you live close to both?
  - Probe- did they come here with you?
- Do you get help from them?
- What kind of help?
  Probe: Is your family in Durham supportive of you?
- What kinds of support do you give to them?
  a. Does your family have more work for you to do here in Durham or did you have more family work when you lived in Mexico?
  b. Tell me how that is for you?
- Do you have friends that you visited often? Do you get help from them? Do you give help to them?

I'd like to make sure I understand your story- *interviewer sum up major story points you remember.* It seems that life in the US is (is not) very different for you.

MEANINGS OF CHANGE

(6) How do you think you personally have changed since coming to the US?

- *How has that been for you?*

GENDER TRANSITIONS / RELATIONSHIP POWER

(8) How have things in your life changed since you came to the US?

- For some men, driving a car has been a new experience when they came to the US, do you drive?
- Where did you learn to drive?
- Can you tell me what that was like for you?
- Do you have your own car? What about in Mexico?

(10) Some people have said that they have more freedom in the U.S. than in their home country and others have said that in reality, they actually have less freedom.

What do you think? Do you think that people have more or less freedom in the United States than in their home countries?

Is freedom different for women that for men?

When you say "freedom", what do you mean? What does having freedom mean for a man? What does it mean for a woman?

What has your personal experience been?

SEXUAL CONTROL AND DECISION MAKING

When couples migrate to the United States, they often experience many changes in their family life and in their own relationship.

(12) What has your experience been here?
Probes: Have you found a partner here? Tell me how you found it.

What is it like to have a partner here? Is it different than in Mexico?

Do you feel free to talk about sex with your partner in general?

Who usually decides what kinds of things you do in bed, you or her or is it mutual?

Do you feel you can ask your partner to try new sexual experiences, or is that too shocking?

Was this any different in Mexico?

(13) Do you think a man is more capable of preventing a pregnancy or sexually transmitted disease in the US? (don't lead see where this goes before probing)

When you have sex with a partner, who decides whether to use protection or what type of protection to use? Probe for what, if any, protection they use.

What does "protection" mean to you? Probe if necessary: Why do you use it? For contraception or for protection against diseases?

When you have sex , do you feel like you could bring up the topic of protection if you wanted to?

Do you feel like you could ask to use a condom if you wanted to?

Tell me now, could you have done those things in Mexico?

Have you had personal experience using condoms? What do you think about them?

(14) Let's go back to what I said about some people saying that men had more freedom in the US, but others actually thought they had less.

- When it comes to sex, do you feel like you have more freedom here or less?
- Probe: When I say "sexual freedom", what does that mean to you? What does 'sexual freedom' mean for men? What does it mean for women?

- How has the move affected your sexual relationships? Do you think being single gives you more sexual freedom? Why?

(15) We have talked about the changes of men and women in the US. Have you seen these changes? Let's start by talking about different ways men begin to change here:

Can you tell me about that? What changes have you seen or heard about from other people?

Probe for both positive and negative changes

(16) Now let's talking about different ways women begin to change here:

Can you tell me about that? What changes have you seen or heard about from other people?

Probe for both positive and negative changes

SORTING

11) Explain the rules of the sorting. "I would like to build on what we have been talking about by looking more closely at these different types of men and women and what they are like. I am going to lay 3 cards down on the table, one for each of the types of men/women we have been talking about. Then I am going to give you a pile of cards with descriptions on them of things women/men may do or be like. For each one I want you to think about the description and tell me what kind of woman it describes. If you think there is another kind of woman that we don't describe, we can add a card for that kind of person. If you don't like one of the categories we have, you can throw it out and use only the others. There are also blank cards if you want to add an additional description you can write it on the card or I can write it for you."

12) lay out the categories on a table for either the female or male sort (start with female if you are interviewing a woman and male if you are interviewing a man). The order should be the same each time (traditional, libertada, libertina for women and traditional, machista, and modern for men).

13) If the respondent renames another category put it on a blank card and ask why they did that and what is meant by it. If that card replaces another category have them explain why. Categories and attributes will always need to be discussed by name, not for example, this one or the other one.

14) Shuffle the cards and hand the deck to the respondent. Ask them to lay them out (away from the categories) so the can look at them.

15) Give the respondent the opportunity to talk about the categories if they think of something else the want to say that they hadn't thought of before

Interviewer note: The tape recorder should be on and if the informant says "this one", the interviewer should name it for the recording. Give the respondent time to think. After he/she has placed a card in the category ask for example, "why did you put long skirt under the traditional woman category". You will need to ask in this way so both the attribute and category will be tape recorded. Finally ask the informant how one goes from one category to the next (for example traditional to liberada) and under what conditions this happens. The interviewer will then paperclip each pile and put it into the corresponding labeled envelope (traditional, libertada, libertina or other).

SORTING EXERCISE FOR WOMEN

SORTING EXERCISE FOR MEN

Now I am going to ask you questions on a different topic.

Can you tell me what causes SIDA?

How do people get SIDA? (Probe for mosquitoes, toilet seats, plates and cups, sex drugs, transmission during birth, other)

How worried are you about getting SIDA?

Why are you/aren't you worried about it?

Do you do anything to protect yourself from SIDA?

What (or why not)?

How can SIDA be prevented? (Probe: a shot, immunization, condoms, knowing the reputation of the family of the person you date, only having sex with someone that is clean, keeping the bathroom clean, only one partner that is faithful, not sharing needles.)

Have you seen programs in the community about SIDA
Where did you learn about these issues?

What kind of programs would you say would you like?

Would you come to a training on SIDA prevention?

Would you like a promotora to come to your building to offer information confidentially?

Would you like to get information about SIDA on the radio?

APPENDIX G: INTERVIEW GUIDE FOR CBPR MEMBERS

PAR Individual Interview Guide: **Session ONE: Methodological**

Personal History: Migration

In your work with the surveys, you have asked a lot of community members about their migration history and experience, but we have never really asked you about your story.

1. Can you tell me why you came to the United States?
2. Why did you decide to come to North Carolina?

Apartments:

3. Which complexes did you visit during survey collection?
4. What things stand out the most about each complex- things that call your attention or that you think are interesting?
5. Could you tell if the complexes receive different kinds of migrants? *Probe:* What were those differences?
6. How are the complexes organized? Are they mixed/segregated by race/ethnicity? Are there differences between the complexes in terms of how separated groups are from one another?
7. Can you tell me about the general atmosphere of the different complexes you visited? *Probe for: people outside apartments, drinking outside, prostitutes, safety, police, trash, apartment dwellers, sports, mainly families, mainly single people, kids outside, gangs, graffiti, vendors*.

Survey Collection: Methodology and Lessons Learned

I would like to talk to you about your experience in collecting surveys in the community.

8. How would you describe the experience of collecting surveys in the apartments? What was it like for you?
9. What was most difficult about survey collection?
10. What about the training? Did it prepare you sufficiently to conduct the surveys? (Probes: any specifics left out of training? Things that were particularly helpful?)
11. Where there important issues that you would like to have covered in the surveys that weren't? What are the additional issues that should be addressed?
12. How would you change the survey process to improve it?
13. Is there anything that you learned during the survey process that surprised you? (Probe if necessary: people's behavior, beliefs, attitudes, answers to certain questions, etc)

14. What have you learned about your community during survey collection?
15. What are the major community needs?
16. What are the major community strengths***?***

PAR Meetings:

We have been meeting together for a few months now to reflect on things that we have learned about our community through the surveys and about the reality for Latinos living here in Durham. I would like to talk to you about your experience with the group.

17 How would you describe this group and its purpose to someone who hasn't participated in the meetings and who doesn't know anything about it? (Purpose of group)
18 Do you think that group members should have more of a role facilitating the group? Probes: If so, how could we do that? Would you like to be involved?
19 Why do you participate in the meetings?
20 Is there anything about the way the meetings are conducted [process] that you would like changed? Is there anything that you particularly like?

21 What do you think your role has been in the group? What have you brought? Brindar, aportar, etc
22 What have you learned from the group?
23 Have you (or your attitudes/beliefs/behavior) changed as a result of your participation in this group?
24 Have you seen changes in your colleagues?
25 Have the discussions that we have had in the PAR motivated you to take action? *Probe:* What did you do or what would you like to do?
26 All the group members have a lot of skills and lots of knowledge about the community. How can we be more involved with ECH? Probe: Should we consider a presentation, recommendations, etc? How could we accomplish this?
27. What do you think the group should do next? *Probe*: How can we get this done? What do we need do to?
28. Reflecting on what you have learned talking to your colleagues in the group, what do you think the focus should be for a grant with El Centro Hispano?

PAR Individual Interview Guide: Session Two: Substantive

Gender Roles and Migration:

We have talked a lot about how women and gender roles change when women and families come to the United States. We have talked about the more traditional role of women, and we have also talked a lot about *libertad* and *libertinaje*.

29. How would you describe a **traditional** woman? Probes: What are they like/what aren't they like? Can you give examples of what a woman is like that falls into this category?
30. How would you characterize a **liberated** woman? Probes: What are they like/what aren't they like? Can you give examples of what a woman is like that falls into this category?
31. What about a woman who is a **libertina**? Probes: What are they like/what aren't they like? Can you give examples of what a woman is like that falls into this category?
32. In considering the three categories: What type of woman is most vulnerable to HIV infection? Why?
33. Do these different types of women need different HIV prevention programs? If yes, what different information do they need?

These women also have partners-

34. How would you describe the partner of a **traditional** woman? Probes: What are they like/what aren't they like? Can you give examples of what a partner of a traditional woman is like?
35. How would you characterize the partner of a **liberated** woman? Probes: What are they like/what aren't they like? Can you give examples of what a partner of a liberated woman is like?
36. What about the partner of a woman who is a **libertina**? Probes: What are they like/what aren't they like? Can you give examples of what the partner of a libertina woman is like?

Scenarios:

FEMALE SCENARIOS

One

A husband migrates from Mexico to the United States to work in poultry and leaves his wife and two-children behind. The wife did not want him to come to the U.S. but he decided to do it anyway because the pay in the U.S. is better than in Mexico and his wife was not working in Mexico. He is in the U.S. for most part of the year and sends money back to his wife every month. At some point his wife runs into an old-love in Mexico and decides to have an affair.

How would you classify this woman?

classify

- Traditional
- Liberated
- Libertina

Why?

Other relationship What circumstances you can think of that might justify this wife having a relationship with another man?

Not enough money What if the wife thinks that the husband is not sending her enough money. Does this justify her actions? Why?

Boyfriend/girlfiend US What it the wife thinks that the husband has a girlfriend or is involved with someone else in the U.S. Does this justify her actions? Why?

Not returning What it the wife thinks that the husband is not coming back. Does this justify her actions? Why?

Didn't want to marry What it the wife did not want to marry her husband in the first place. Does this justify her actions? Why?

Other circumstances What other circumstances you can think of that might justify this wife getting involved with another man?

Two

A husband in the U.S. is finally able to bring his wife and two children to the U.S. with him. After a while the wife starts working cleaning houses and brings considerable money to the family. She then decides to learn English and take classes to become a hairdresser. She works

a lot and is making very good money. At work she meets somebody that she thinks is more interesting than her husband and decides to leave him husband.

How would you classify this woman?
classify

- Traditional
- Liberated
- Libertina

Why?

Other relationship What circumstances you can think of that might justify this wife leaving her husband?

Not enough money What it the wife is the only one contributing to the family economy. Does this justify her actions? Why?

Girlfriend What it the wife thinks that the husband has a girlfriend or is involved with someone else?. Does this justify her actions? Why?

Leave her What it the wife thinks that the husband is going to leave her. Does this justify her actions? Why?

Didn't want to marry What it the wife did not want to marry her husband in the first place. Does this justify her actions? Why?

MALE SCENARIOS

What about when it is the man having the extra-marital relationship?

Three

For instance, a husband and wife are living together in Aguas Calientes. The husband works in construction and his wife stays home to take care of the house. One day the husband meets an attractive woman who works in a restaurant near his construction site. They become friendly and after a while begin having an affair.

Male descrition How would you describe this man? Why? (Probe: typical Mexican macho, irresponsible husband, etc.)

Justify girlfriend What circumstances you can think of that might justify this husband having a girlfriend/getting involved with another woman?

Time kids What if the wife is always very busy taking care of their 3 children and does not spend much time with the husband?

Wife job What if they have no children but the wife also works a lot and the husband feels she does not spend enough time with him because of her job?

Wife affair What if the husband thinks that the wife is involved with someone else? Does this justify his actions? Why?

Didn't want to marry What it the husband did not want to marry his wife in the first place. Does this justify his actions? Why?

Goes to a prostitute What if instead of meeting a woman at his office, the husband went to a bar with his friends, was drinking, and ended up going to a prostitute? Is this acceptable? Why or why not?

Four

A husband leaves his wife and 3 children at home in Guanajato and comes to Durham to earn money to buy a house in Mexico. He has been working in the U.S. for 6 months and has not been able to see his family during that time. He works long hours and has many male friends, but he is very lonely and misses female companionship. One day he meets an attractive woman in the hallway of his building and they become friends. After a while they begin having an affair.

Male descrition How would you describe this man? Why? (Probe: typical Mexican macho, irresponsible husband, etc.)

Other relationship What circumstances you can think of that might justify this husband getting involved with another woman?

*Boyfriend/girlfriend US*What if the husband thinks that the wife is seeing someone else in Mexico. Does this justify his actions? Why?

Didn't want to marry What it the husband did not want to marry his wife in the first place. Does this justify his actions? Why?

What other circumstances you can think of that might justify this husband getting involved with another woman?

What if instead of meeting a woman in his building, the husband went to a bar with his friends, was drinking, and ended up going to a prostitute? Is this acceptable? Why or why not?

Idle Time

We have also talked a lot about the sexual behavior of men when they come to the United States. Some people in the first meetings we had thought that men might engage in riskier sexual behavior because they have too much idle time, but people had different opinions about men's sexual behavior here.

37. Do you think that men change their sexual behavior when they come to the United States? Probe: If so, how?
38. Are they more at risk for HIV infection? If yes, what about their life style here puts them more at risk?

APPENDIX H: CBPR GROUP MEETING TRANSCRIPTS

- Horizonte Latino -

CBPR MEETING DOCUMENTS

Table of Contents

1. **PAR Member Writings**: *Writings by PAR members to be included in manuscript for publication.*

2001

2. **12/11/01:** *Meeting to discuss changes to the survey. PAR divided into two groups to review survey and report back suggested changes.*
    a. Meeting notes English

3. **12/04/01:** *Discussion of changes to second part of the survey. Group divided into three groups to review survey and report suggested changes.*
    a. Meeting notes English
    b. Meeting notes Spanish

4. **11/06/01:** *Presentation of Gender, HIV and Migration grant and history of project at ECH*
    a. Meeting Notes English
    b. Meeting notes Spanish

5. **11/20/01:** *Meeting to outline the project and the tasks/responsibilities of the PAR group to the members of the PAR, set group norms, and review the first part of the survey. Groups reported back with suggested changes to survey and with general observations/concerns about conducting survey in the Latino community.*
    a. Meeting guide English
    b. Meeting notes English
    c. Meeting notes Spanish

2002

6. **5/14/02:** *PAR Members reflect on initial experiences with survey-taking. Includes observations on apartments, demographics, challenges/concerns with conducting surveys*
    a. PAR notes English

7. **6/20/02:** *Risk factors for HIV among Latinos in Durham. Three scenarios were presented and discussed: Men who come here alone without their families and drink*

to escape loneliness, the lack of social control leads to men engaging in risky behavior, lack of structured free time after work.

a. PAR Facilitators Guide English
b. PAR Meeting Guide Spanish
c. PAR meeting notes English
d. PAR Meeting notes Spanish

8. 7/16/02: *The migration experience for Latina women*

a. Spanish.doc
b. English.doc

9. **8/27/02:** *HIV Risk in Latinos in Durham. Scenarios presented specific to men and to women for group discussion and analysis*

a. Spanish.doc
b. English.doc

10. **9/02:** No Meeting (CM, EP, CF in Mexico)

11. 10/23/02: *Presentation by EP, CF and CM of their trip to Mexico, discussion of possible names for PAR group and need to "consolidate" the group.*

a. Spanish and English doc (Agenda in Spanish and Flip chart notes in English)

12. **11/02**: *Holiday party, presentation of Manuscript to group*.
No notes/tape

13. **12/02:** *No Meeting: Holiday break*

2003

14. 2/4/03: *Social networks and social support: Men and women divide into separate small groups to discuss the sources and roles of social support and influence.*

a. Flip chart notes Spanish
b. Possible topics list for next PAR meetings (11 feb.doc)
c. PAR group discussion English
d. PAR group discussion Spanish

15. 3/4/03: *Presentation of preliminary results: Sexual initiation. Presentation of results from Durham surveys with men. .*

a. PAR handout Spanish (power point)
b. PAR presentation Spanish
c. PAR group discussion English
d. PAR group discussion Spanish

16. 4/8/03: *Julio's presentation of his experience at the Community Research Conference. Presentation of Preliminary results: Use of commercial sex workers.*

a. PAR presentation English

b. PAR presentation Spanish
c. PAR Meeting notes English
d. PAR group discussion English
e. PAR group discussion Spanish

17. 5/6/03: *Presentation of preliminary data: First part of Gender power in Latino couples: Results from Mexican women surveys in Mexico and in Durham. Women in the workforce, sharing of household duties and female participation in household finances. Presentation includes explanation of statistical significance.*
a. PAR presentation Spanish
b. PAR meeting notes English
c. PAR group discussion Spanish
d. PAR group discussion English

18. **6/10/03:** *Presentation of preliminary results: Part two of presentation on gender power in Latino couples: predictors of women working, sharing of household duties, female involvement in household finances. Results from Mexican women surveys in Mexico and in Durham. Presentation includes an explanation of multivariate analysis*
a. PAR presentation English
b. PAR presentation Spanish
c. PAR Meeting notes English
d. PAR group discussion English
e. PAR group discussion Spanish

19. 7/15/03: *Preparation for Horizonte Latino presentation to ECH staff.*
a. PAR Notes English (transcript not done yet)

20. **8/04/03**: *PAR group presentation to ECH Staff*
a. Horizonte Latino Presentation to ECH: Power point presentation used for the Horizonte Latino presentation to ECH staff. (8.4.03)

21. **9/16/03:** *Review of study design, description of ethnographic research phase and suggestions from group of topic focus and contact names*
a. Power Point presentation in Spanish
b. Meeting notes in English

22. **10/03:** No Meeting

23. **11/11/03:** *Presentation of Female and Male Typologies and Q-sort activity*
a. Meeting Facilitation Guide English
b. Meeting Facilitation Guide Spanish
c. Participant Handout Spanish
d. PAR men's group discussion English
e. PAR women's group discussion English
f. PAR Plenary discussion English
g. Female Q-sort notes from Women's group English

h. Female G-sort notes from Men's group English
i. Male typology development notes by Women's group English

Missing: Male typology development notes by Men's group English

24. **12/03:** *No Meeting: Holiday Party*

2004

25. **1/04**: No meeting due to weather- moved to February

26. **2/03/04**: *Facilitation Training with PAR members, Part 1. PAR members go through participatory facilitation exercise with facilitator*
    a. PAR Meeting handouts Spanish
        i. Principles of Participatory Facilitation Spanish
        ii. ORID Exercise (general) Spanish
        iii. ORID exercise (specific to HIV/AIDS in Durham) Spanish
    b. Letter to participants with criteria for ethnographic interview informants- Spanish
    *Need to transcribe tape

27. **3/02/04**: *Facilitation Training with PAR members: Part 2*
    a. PAR Meeting power point presentation Spanish
    *Need to transcribe tape

28. **4.20.04**: *Migration and Machismo: Comparison of Men's gender roles in Mexico and the United States*
    a. Power point presentation in Spanish
    b. Power Point presentation in English

29. **5/11/04** and **5/18/04**: Ethnography Training
    a. 5/11/04 Handout Spanish
    b. 5/11/04 power point Spanish
    c. 5/18/04 handout Spanish
    d. 5/18/04 Power point Spanish
    e. Field Notes Guide English
    f. Field Notes Guide Spanish
    g. Ejemplo: notas de campo Spanish

30. No June Meeting

31. No July Meeting

32. **8.03.04***: PAR Initial Intervention Meeting:* PAR members use trigger (flip chart with different words/concepts relating to Latinos and HIV/AIDS) to construct an initial

conceptual model of HIV/AIDS risk among Latinos and begin to discuss possible interventions.

a. PAR meeting Notes in English

33. **9.20.04**: CBPR grant planning meeting: Presentation of initial conceptual model HL group came up with at August 2004 meeting and presentation of revised AIDS and Latinos conceptual model. Look at Casilda's intervention model and discussed areas for intervention to address identified risk factors shown on conceptual model.
    a. PAR facilitator's guide English
    b. PAR meeting notes English
    c. PAR meeting transcription English

34. No October Meeting

35. **11.08.04**: Continuation of CBPR grant project planning: Review AIDS and Latinos conceptual model; Review Casilda's intervention model; Promotores approach vs LHA approach; Considered questions regarding project structure: Role of PAR group, places to focus work, etc.
    a. Facilitator's Guide Spanish
    b. PAR hand-out Spanish
    c. (Meeting notes are hand written and in *PAR Meeting Notes* notebook (white notebook on Office shelf)

36. No December Meeting- Holiday party

2005

37. No January Meeting

38. **2.28.05**: Review of CBPR grant; review of proposed conceptual model, LHA intervention phases and program structure (articulation between UNC/Duke, ECH and Lincoln, LHAs, LHA Coordinators, Horizonte Latino board members); Defining LHAs (versus promoters); detailing functions of the LHA Coordinators; describe evaluation needs; solicit feedback on proposed plan
    a. PAR Meeting handout Spanish
    b. PAR meeting notes English

39. **3.21.05**: Meeting to discuss Competitive Continuation and ask PAR members for ideas/suggestions for future research directions; Solicitation of names for CBPR grant HIV and Latinos conceptual model and how to translate "Community capacity" into Spanish
    a. PAR Meeting handout Spanish
    b. PAR meeting notes English

APPENDIX I: CODE LIST FOR QUALITATIVE DATA

|HU: Migration and HIV Risk
File: [s:\migration_and_hiv\atlas ti\MIGRATION, GENDER AND HIV]
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apartment characteristics
- dwellers: race of residents (White, African-American, Latinos)
- drinking outside: presence of men drinking outside the apartments
- families: presence of families
- kids outside: presence of kids playing outside
- unaccompanied men: residents are mainly unaccompanied men
- men alone: only men living in apartments
- people outside: presence of people hanging outside the apartments
- police: presence of police patrols
- prostitutes: presence of prostitutes soliciting in the
- safety: reports of robberies or assaults
- sports: people playing sports in the neighborhood
- trash: presence of trash
- vendors: presence of street vendors

access
aconsejar: guidance
alcohol
biologic need sex
capacity
communication
condoms
control
- religious control
- partner control
- family control

church
crime
culture
culture and gender
depression
documentation
drugs
ECH
economic

education
expectations
family
fear
friends influence
idle time
indigenous
kids
lack of information
language
legal support in US
libertinism
living conditions
loneliness
machism
media
men alone
migration
- migration challenges
- migration decision
- migration gender role change
- migration husband comes first
- migration marginality
- migration partner change
- migration relationships
- migration settle in
- migration vulnerability
- migration women coming alone

neighborhood
opportunity
partner change: changed partner after migrating to the US
place of origin
prevention programs
prostitutes
- race of prostitutes

race
reason for migration
- natural disasters
- running away
- establish things for family
- experience the world
- more options
- husband sends for
- political problems

relationships
religion

respect
risk
sending money
sex
sexual behavior
skin color
social networks
social isolation
social support
    appraisal
    emotional
    informational
    instrumental

sports
STI's
time in US
transmission: knowledge of ways of HIV transmission
trust
vulnerability
work

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